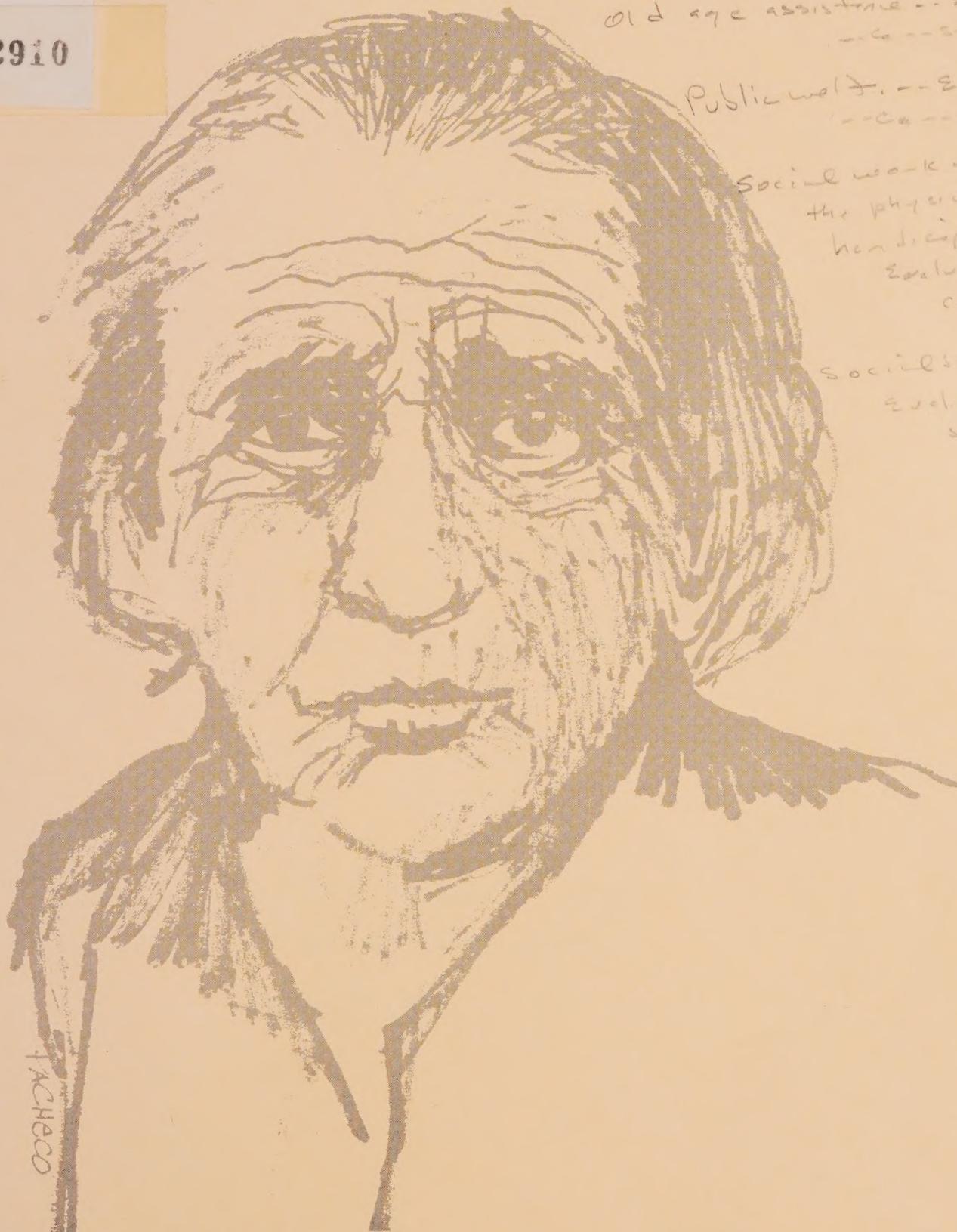


County of Santa Clara
Department of
Social Services
June 1973

Services to Recipients of
• OLD AGE SECURITY
• AID TO THE DISABLED
• GENERAL ASSISTANCE
an evaluation of effectiveness

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SOCIAL SERVICES TO RECIPIENTS OF OAS, ATD, GA

An Evaluation Of Effectiveness

June 1973

**County of Santa Clara
Department of Social Services**

Frederick B. Gillette, Director

**55 West Younger Avenue
San Jose, California 95114**

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To the Social Work staff of the Santa Clara County Department of Social Services, we wish to express appreciation for their cooperation and participation in the interview process.

FREDERICK B. GILLETTE
Director

May 1, 1973

INTRODUCTION

When the 87th Congress in 1962 amended the Social Security Act to provide for a vastly expanded program of social services to recipients of public assistance, they had been persuaded by leaders of the social work profession that such services would result in recipients being helped to better functioning and independence, and thus to become self-supporting. The expectations of the Congress, and the fondest hopes of the social work profession proved to have been unrealistic. Welfare rolls were not reduced.

More recently programs of social services to adult disabled, and aged persons especially, have been questioned. In California it has been alleged that social workers can do little more than watch the old getting older, and that social service programs to this group are a waste of money and manpower.

With the funding limits imposed on programs of social service by recent Congressional legislation and the Federalization of the assistance payments portion of the Public Welfare programs for aged and adult disabled persons, the issue becomes increasingly acute.

Thus it has become urgent to evaluate the value and effectiveness of those Social Services provided to the adult recipient group, and to assess the strong and weak aspects of the programs, inasmuch as the agencies will shortly be faced with difficult decisions regarding priorities and program emphasis.

Faced with these realities, the Santa Clara County Department of Social Services has attempted to evaluate and analyze its program of social services to the recipients of Aid to the Disabled, Old Age Security, and General Assistance.

This report presents the results of that endeavor.

The global questions of "how effective and valuable are social service?" was partialized into specific questions relative to the nature of the clients' problems, the speed with which the problems were handled, and kinds of services which were provided, and the relative outcomes of the service effort. In addition, other information was gathered which served to describe the client population, the staff of the department, and the nature of the service process itself.

Analysis of the data included examination of the relationship between a variety of factors, with the objective of learning whether or not such relationships would serve to aid in planning and administrative decision making.

SUMMARY OF FINDINGS

The subjects of this study were recipients of Old Age Security, Aid to the Disabled, and County General Assistance who were also receiving social services from a Department of Social Services social worker. As such they are, by definition, persons who are too old, or too physically or mentally disabled to be self-supporting. In addition to their need for financial assistance, the clients in this study group also have any of a number of problems which require the help of a social worker to ameliorate. It was the concern of this study to determine the extent to which social workers are indeed able to help in the resolution of such problems.

The study findings reveal that among this group of recipients, many are mentally and/or physically handicapped, and as such need special help in daily living activities. Over one fourth are emotionally disturbed, 10% are moderately to severely retarded, two thirds are physically handicapped, many to a degree which requires a sheltered living situation.

Only 20% of the clients are living with a spouse, and almost half are living alone, either in a home, or apartment, or a hotel room. For these clients, loneliness is only one very serious problem, often accompanied with difficulties in getting out to do shopping, get medical care, or participate in basic recreational or social life. These difficulties may result from lack of transportation, their own physical or mental disability, or lack of knowledge about needed resources with which to help themselves.

The types of problems which were found to exist were classified into fifteen "problem areas", sometimes with subdivisions within a problem area. Most clients were found to have several problems at the same time, usually interrelated or one resulting from another. The average number of problems was four.

The problem areas, presented in order of decreasing frequency of occurrence were:

1. Insufficient Income - there was a need which could not be met from the basic grant; (53.7% of the cases).
2. Mental Health Problems; (49.8% of the cases).
3. Physical Health Problems; (48.5% of the cases).
4. Problems involving a need for Protection - the person needed some kind of protective help in order to be able to maintain his living situation, resolve legal problems, or secure placement in a sheltered living situation; (43.1% of the cases).
5. Personal Functioning Problems - the client was unable to care for himself adequately; (41.3% of the cases).
6. Interpersonal Relationship Problems - the person was having difficulties getting along with significant people in his living situation; (28.0% of the cases).

7. Institutional Relationship Problems - the person was having difficulties with community institutions, (health department, police, etc.); (27.5% of the cases).
8. Transportation Problems; (25.5% of the cases).
9. Problems Obtaining Needed Material Items - such as clothing, furniture, etc.; (21.8%).
10. Shelter Needs - finding or moving into a suitable place to live; (20.0%).
11. Vocational Training Needs - for those few persons who had some ability to work; (15.1%).
12. Finding Employment - for those who had job skills; (13.1%).
13. Money Management Problems - budgeting or credit difficulties; (10.1%).
14. Problems of Motivation Towards Employment or Training - a person has become discouraged or fearful of failure; (6.9%).
15. Problems Retaining an Existing Job - a person was working, but some problem threatened the job; (1.5% of cases).

Social workers utilized a variety of approaches in dealing with the problems listed above. Usually the help included some kind of counseling, ranging from giving advice or information to actual therapeutic counseling, where a worker was qualified to give it, and the client's problem appropriate to the treatment. In addition to counseling, methods used included referrals to other resources, purchase of services, such as psychiatric counseling, homemakers or attendants, etc.; as well as direct action, where a social worker might act with or on behalf of a client, take him somewhere, do something for him, and intercession, where a worker might intervene in a landlord-tenant conflict, or facilitate some referral, or help deal with a creditor, etc.

The crucial question, of course, is "what was the outcome of the service effort? Were the problems solved?" The findings of the study indicate clearly that social workers were able to solve most or all problems in at least half of all cases, and were able to solve about half of a client's problems in one fourth of the cases studied, some problems in another 14%. Only 8.6% of the sample indicated no success whatever in solving the clients' problems.

In those instances where problems were solved, both workers and clients were in substantial agreement that it had been largely due to the help of the worker, 94%. In only 6% of the cases sampled was it apparent that the social worker himself had not been of some help in trying to solve the problem.

In the remaining quarter of the sample cases, where there was little or no improvement in the client's situation, it was determined that there was a fairly even split between cases where the worker erred, or was not competent to deal with the problem at hand, and where the client himself, for a variety of reasons was unable to utilize the help offered. In some instances the failure was due to deficiencies in the Department of Social Services, in that departmental policies or procedures mitigated against the successful solution of the problem. The community's lack of resources contributed to some instances where a problem could not be resolved.

An exploration of the background and experience of the social work staff would appear to be consistent with the results observed in the social services outcomes. Workers average over 8 years of social work experience, one fourth have Master's Degrees, over half of them in Social Work. A majority of the staff serving adult recipients are over 40 years of age. It would appear that maturity and solid experience background may be important factors in the results observed.

Of obvious concern to clients and administrators alike is the efficiency of the process through which the client's need for social services is identified and the speed with which action can be taken in response. Two measures are associated with this consideration - the time it takes for a service referral to be acted upon, and how long the case remains open for services, or the length of time required to deal successfully with the problem.

It was found that twenty percent of the clients are seen by a social worker within one day of being referred. Twenty-nine percent are contacted within the first week after referral, and half of all referrals are seen within two weeks. Unfortunately, the other half of the referrals must wait longer than two weeks to be seen, and 5% of the sample had not yet been seen by a social worker, even though the case had been in service referral status at least one full month at time the case was drawn in the sample.

The reason for this finding may be partially explained by the fact that cases do not turn over as rapidly as assumed, and there is a backlog built up of cases waiting for a social worker to have room in his caseload, hence the time to devote to the new case. It was found, for example, that cases remain in service an average of 5 months, with only one third of them closing within 3 months, and almost 20% of them remaining open a year or longer.

In contrast, however, workers reported that the actual length of time a case was actively receiving their attentions averaged less than three months, with 59% of the cases requiring less than 4 months of active involvement. It would seem that there is some procedural lag between the time a case ceases to need the active involvement of the social worker, and the time the case is taken off the books as an active service case. Some of this is due to periods of quiescence within the total length of official service status.

The amount of worker time involvement appears to average around 10 face-to-face contacts within the 3-month active service period. Previous studies have shown that a contact averages approximately one hour in length. Thus the average would seem to be slightly over 3 hours per month, for three months, although the range is very wide, with 27% of the cases sampled having workers reporting in excess of 21 contacts. In many cases interviewed, on the other hand, one contact had been sufficient to take care of the situation, although the case may have been held "open" awhile to see if the solution was stabilized.

At present salary levels, then, one could project that the average total cost of handling a service case in worker time amounts to approximately \$100 each (including administrative costs). This seems a small expenditure in relation to the observed benefits. Details of how the workers spend their time, and kinds of activities which are applied to client problems will be described in subsequent sections, in order to obtain a picture of what this \$100 actually buys.

CONCLUSIONS AND RECOMMENDATIONS

This study has revealed that the primary function of the Social Workers is to act as "fixit" people in behalf of clients who are too disabled or too lacking in skills to be able to solve their own problems. Additionally, for a significant portion of the clients, the Social Worker works toward helping the client gain his own skills and problem-solving capability to meet future situations.

The study findings have unquestionably demonstrated that this effort is an important and effective means of meeting the needs of assistance recipients, both in relation to financial problems and non-financial situations. In short, Social Workers are able to be of significant help to most of the people they try to assist. Social Services should be maintained at least at present levels of staffing.

Several concerns were also identified through this study. Of most far reaching importance is the question of how shall service needs be identified when the Adult assistance programs are taken over by the federal government. With a highly systemized method for processing and maintaining assistance accounts, and with very little personal contact with the assistance recipient, who is to observe and identify and refer needy situations for the services that can be brought to bear upon the problems? It would seem urgent that some case identification program be planned to take over this function from present eligibility staff.

More immediate and concrete is the documented need for more Spanish-speaking Social Workers. Efforts should be stepped up to certify at least 15 additional Spanish-speaking Social Workers. In addition, a roster of Social Workers and other staff with foreign language fluency should be maintained, and kept up to date, readily available for use in helping persons who do not speak English.

Although the goal of immediate service to referred clients has been a part of departmental policy for a long time, it is noted that many cases are not seen for at least two weeks after the service need has been identified and referral made. Some means should be found to reduce this backlog. Most of the identified service needs, at least at the outset, are situational, and represent people who are suffering some kind of severe problem which they need help in resolving. It seems that two weeks to a month is a long time to have to wait before even being able to talk to someone who might be in a position to help.

STUDY DESIGN

Considered for inclusion in this study were all adult clients (except blind aid recipients) who were in active basic service* status during the months of November, December, 1972 and January, February, 1973. From this population a stratified random sample of 404 cases was selected for analysis. The sample was stratified by aid type and Bureau (See Table I).

TABLE I DISTRIBUTION OF CASES IN SAMPLE
BY BUREAU AND AID TYPE

N=404

BUREAU	% OF BUREAU SAMPLE			% OF TOTAL SAMPLE
	OAS	ATD	GA	
H6	31.6	42.1	26.3	18.8
D3	32.4	47.3	20.3	18.3
D5	25.7	57.1	17.1	17.3
D6	40.4	48.9	10.6	11.6
D7	43.5	39.1	17.4	11.4
D9	30.8	48.4	20.9	22.5
# CASES	133	191	80	404

The primary phase of the project involved the specially trained analysts in the Department's Social Services Analysis section who interviewed each sample client and the Social Worker assigned to the case. They also reviewed the case records and made evaluative judgments regarding the nature of the problems in the case, the methods used to deal with these problems, and the apparent outcome of the situation. Additionally, demographic information was obtained regarding the clients and the social workers--i.e. age, sex, education, experience, ethnic background, etc.

*Special service caseloads, which were not studied, include services to the blind, conservatorship for mentally ill and mentally deficient, special protective services for the aged, non-cash-grant medically needy.

FINDINGS

THE CLIENTS

Although the majority of clients were English-only speaking (70%), it was found that a fairly large number spoke no English at all, 8% Spanish only, and 5% another language. Bilinguals occurred in 22% of the cases, with 14% of the sample Spanish-English and 8% bilingual in another language. It was not possible to make a precise determination as to how competently the bilingual clients were able to speak English, although many had heavy accents, and could be presumed to be more fluent in their native tongue.

The 8% Spanish-speaking-only can be projected to 280 persons in the adult basic services caseload. If one were to assume that at least half of the Spanish-English bilinguals were not really fluent in English, that would constitute another 250 persons, for a total of approximately 530 Spanish speaking clients in the adult caseloads. Previous studies have revealed that there are approximately 500 Spanish-only speaking AFDC parents, and another probable 1000 bilingual Spanish-English AFDC parents whose English is not fluent. Together this adds up to an estimated 2030 persons who speak Spanish only or who speak Spanish more fluently than English. At an average caseload of 50 cases per worker, 41 Spanish-speaking social workers needed. At the present time the Department has 25 certified Spanish-speaking workers assigned to basic services. This suggests a demonstrable need for at least 15 additional certified Spanish-speaking workers.

This is the case example of Mrs. N., a 76-year-old Mexican/American woman receiving Old Age Security. Mrs. N. spoke only Spanish and was living with her daughter, Mrs. D., who spoke only limited English. The case was assigned to a non-Spanish-speaking worker because of a shortage of Spanish-speaking workers at the district office serving the locale where this client lived. The social worker attempted to provide services through an interpreter. The worker thought services had been provided satisfactorily and was preparing to close the case when it was learned by the Spanish-speaking analyst that there was a problem of insufficient income to pay for needed attendant care for Mrs. N. Mrs. N. was in need of considerable personal care, such as bathing and dressing and assistance using the bathroom facilities. The daughter was severely handicapped in providing these services herself due to arthritis, which had seriously disabled her in the last couple of years. The failure in this case seems to be a result of the Social Services Department's inability to provide Spanish-speaking social workers to all who need them. The social worker assigned stated that she had always felt uncomfortable in this case, thinking that she wasn't able to learn all the facts she should have known.

For those clients who are not able to speak English, whose native language is other than Spanish, there should be some attempt made to assign these cases to someone who is fluent in their language. It seems advisable to survey the staff to identify language skills, and maintain a directory of persons with foreign language competence.

As might be expected in a population which is comprised of such a large proportion of older persons, only 20% of the clients were living with their

spouses. Many were widowed, divorced, or had never married, with a fairly even distribution within these categories.

Even so, the largest proportion of these clients live in an independent living situation, 38% with their own families (spouses, children, parents), and 40% live alone in homes or apartments, with a few residing in a hotel (3%). The remainder are living in some kind of sheltered situation, such as foster family (3%), a boarding home (9%), Mental Hygiene licensed boarding home (4%), halfway house (1.5%), or some other living arrangement (1.5%).

The distribution of age and education and disability status are shown on the tables below.

TABLE II
(PERCENT OF AID TYPE IN EACH CATEGORY)

AGE	%OAS	%ATD	%GA	% COMBINED	PROJECTED TO ADULT BASIC SERVICE**
UNDER 20	--	2.6	7.6	2.7	95
21 - 30	--	26.7	21.5	7.1	599
31 - 40	--	17.3	11.4	1.4	364
41 - 50	--	15.7*	19.0*	11.1	389
51 - 60	--	22.5	34.2	18.1*	634
61 - 70	27.9	15.2	6.4	16.3	571
71 - 80	40.6*	--	--	13.9	487
81 - 90	26.3	--	--	8.7	305
OVER 90	5.3	--	--	1.7	60

* MEDIAN AGE GROUP IN EACH CATEGORY

** THESE FIGURES WILL VARY SLIGHTLY DUE TO ROUNDING

TABLE III
(PERCENT OF AID TYPE IN EACH CATEGORY)

MARITAL STATUS	%OAS	%ATD	%GA	% COMBINED	PROJECTED TO ADULT BASIC SERVICE**
MARRIED, SPOUSE PRESENT	17.3	25.7	10.0	20.0	700
WIDOWED, DIVORCED, SEPARATED, SINGLE	82.7	74.3	90.0	80.0	2800

** THESE FIGURES WILL VARY SLIGHTLY DUE TO ROUNDING

TABLE IV

LIVING SITUATION BY PROGRAM
(PERCENT OF AID TYPE IN EACH CATEGORY)

LIVING SITUATION	%OAS	%ATD	%GA	% COMBINED	PROJECTED TO ADULT BASIC SERVICE**
ALONE IN OWN HOUSEHOLD	48.9	28.8	34.2	34.6	1274
ALONE IN HOTEL ROOM	.8	3.7	5.1	3.0	105
WITH OWN FAMILY HOUSEHOLD	31.6	44.0	35.4	38.4	1344
WITH FOSTER FAMILY	--	3.7	8.9	3.5	123
MENTAL HYGIENE BOARDING HOME	1.5	4.2	--	2.5	88
OTHER TYPE BOARDING HOME	9.8	9.4	8.9	9.4	329
NURSING HOME	6.0	4.2	--	4.0	140
HALFWAY HOUSE	.8	.5	5.1	1.5	52
OTHER	.8	1.6	2.5	1.5	52

** THESE FIGURES WILL VARY SLIGHTLY DUE TO ROUNDING

TABLE V

PRIMARY LANGUAGE SKILL BY PROGRAM
(PERCENT OF AID TYPE IN EACH CATEGORY)

LANGUAGE	%OAS	%ATD	%GA	% COMBINED	PROJECTED TO ADULT BASIC SERVICE**
ENGLISH ONLY	66.9	69.6	73.4	69.6	2436
SPANISH ONLY	11.3	5.2	7.6	7.7	270
ENGLISH/SPANISH BILINGUAL*	9.0	18.3	12.7	14.1	494
OTHER (NON ENGLISH) ONLY	.8	.5	--	.5	18
OTHER (NON SPANISH) BILINGUAL*	12.0	6.3	6.3	8.2	287

* HEAVY ACCENT

** THESE FIGURES WILL VARY SLIGHTLY DUE TO ROUNDING

TABLE VI CLIENT EDUCATIONAL LEVEL BY PROGRAM
(PERCENT OF AID TYPE IN EACH CATEGORY)

EDUCATION	%OAS	%ATD	%GA	% COMBINED	PROJECTED TO ADULT BASIC SERVICE**
LESS THAN 8TH GRADE	62.4*	32.5	32.9	42.3	1453
8TH TO 11TH GRADE	12.8	25.1*	31.6*	22.5*	776
HIGH SCHOOL GRADUATE	14.3	18.3	24.1	18.1	625
HIGH SCHOOL GRAD. TO 2 YRS. COLL.	6.8	14.7	10.1	11.1	393
OVER 2 YRS. COLLEGE, NO DEGREE	2.3	3.7	--	2.5	86
COLLEGE GRADUATE	--	4.7	1.3	2.5	86
POST GRADUATE STUDIES	1.5	1.0	--	1.0	35

* MEDIAN

** THESE FIGURES WILL VARY SLIGHTLY DUE TO ROUNDING

TABLE VII PHYSICAL & MENTAL DISABILITIES BY PROGRAM
(PERCENT OF AID TYPE IN EACH CATEGORY)

DISABILITY	%OAS	%ATD	%GA	% COMBINED	PROJECTED TO ADULT BASIC SERVICE**	
RETARDED - SEVERE	.8	5.8	1.3	3.0	105	
RETARDED - MILD	-	12.6	6.3	8.0	280	
REDUCED CAPACITY DUE TO STROKE, TOXIC ABUSE, TRAUMA, SENILITY	{ DIAG. SUSP.	9.0 31.6	10.5 11.0	2.5 11.4	8.4 17.8	294 623
MENTALLY DISTURBED - DIAGNOSED	7.5	38.7	24.1	25.5	893	
MENTALLY DISTURBED - SUSPECTED	9.8	16.8	27.8	16.6	581	
PHYSICALLY DISABLED - SEVERE	29.3	28.3	8.9	25.0	875	
PHYSICALLY DISABLED - PARTIALLY	50.4	37.7	38.0	41.8	1463	

** THESE FIGURES WILL VARY SLIGHTLY DUE TO ROUNDING

THE SOCIAL WORKERS

The Department has a mature, well-educated and highly experienced staff of Adult Aids social workers. As the following tables indicate (see Tables VIII, IX and X) better than half of the social workers are over age forty and over four-fifths have more than five years of experience. Of this number, forty percent have more than ten years of social work experience. One fourth of the adult workers have a Master's Degree in Social Work or some other type Master's Degree with the remaining workers possessing some type of undergraduate college degree. As previously discussed, the Department has a need for additional certified Spanish-speaking staff. At the present time less than ten percent of the social work staff have certificates of proficiency with another twelve percent stating that they do speak Spanish, but have not or do not wish to be so certified by the Department.

TABLE VIII AGE OF SOCIAL WORKERS

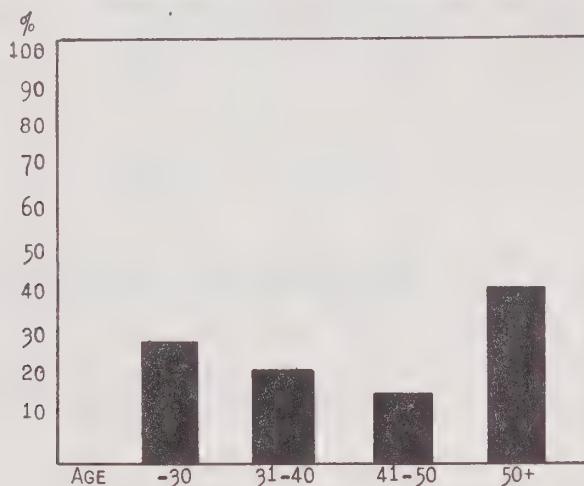


TABLE IX SOCIAL WORKER YEARS OF EXPERIENCE

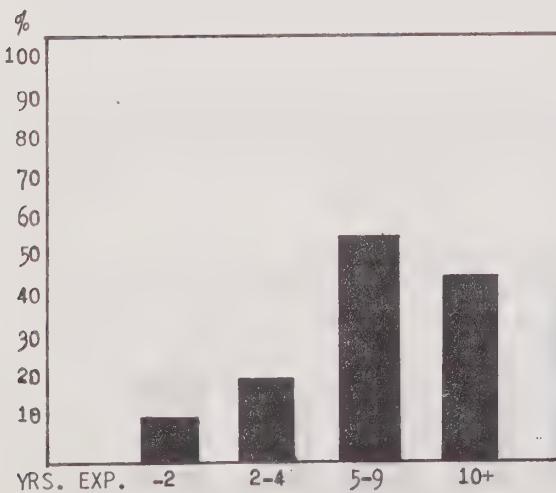
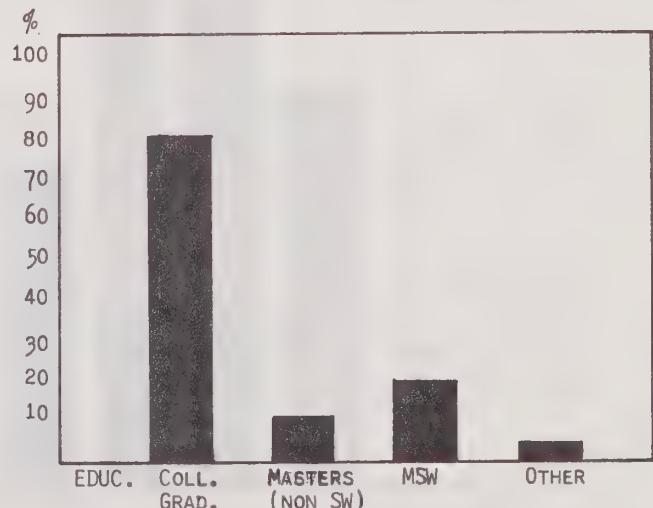


TABLE X SOCIAL WORKER EDUCATION



Median Age

42.5

Median Years Education

16+ (college grad.)

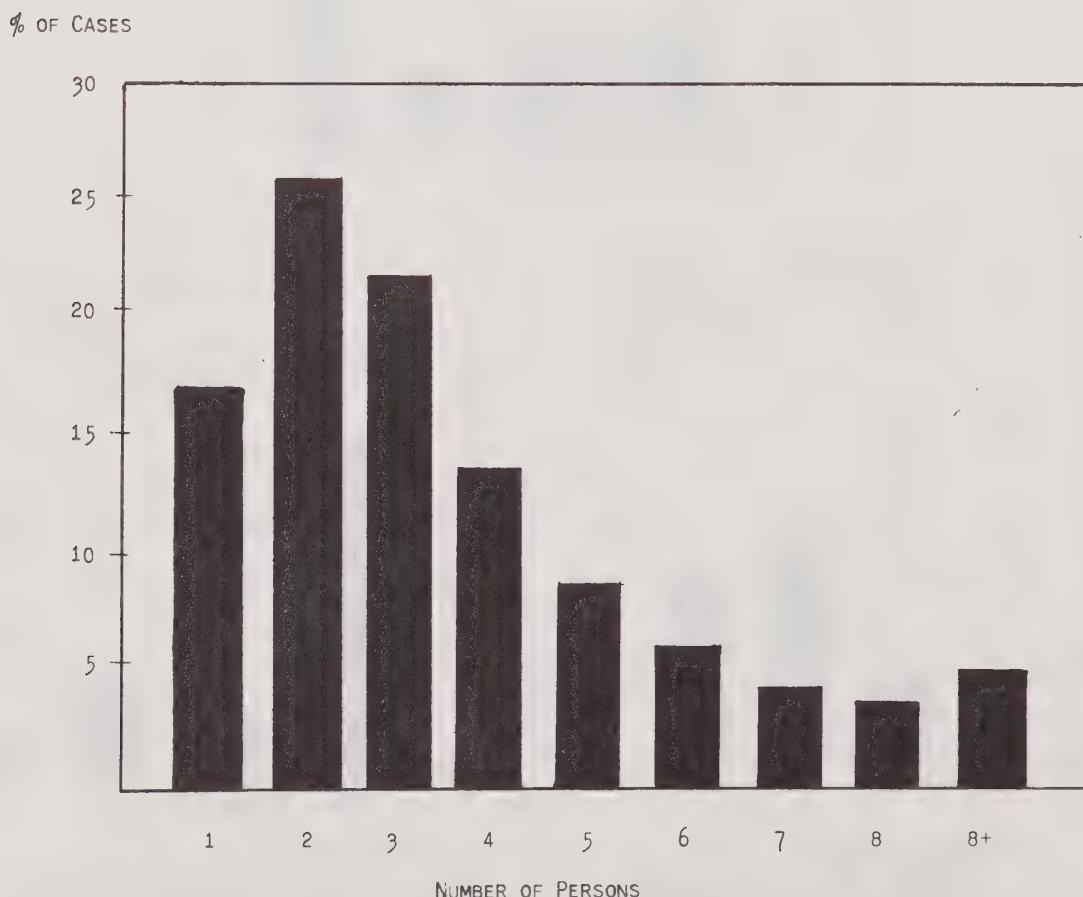
Median Years Social Work Experience

8.5

Sixty one percent of the social workers responsible for adult service cases carry more than the 50 case standard caseload at any one time, while 32% were carrying in excess of 60 cases. In addition to the client of record or the identified client the social worker frequently finds himself involved with other individuals on behalf of the client. It was found, for example, that while the worker is involved with only one individual in 17% of the cases, he is working on the client's behalf with two or more people in 83% of the cases. Also, it was noted that in 7½% of the cases the Social Worker is involved with at least 8 individuals in his endeavor to meet the needs of his client (see Table XI). Thus, when one is considering the work load of the Social Worker it is usually erroneous to think of the task involving only a certain number of cases. To understand the full impact of the workload, one must consider the size of the caseload, the number of people directly involved with each of these cases and, in addition, the multiplicity of problems that may very well be present.

The following graph applied to a "standard" 50 case caseload would total 170 persons the Social Worker is actually working with.

TABLE XI NUMBER PEOPLE WORKER IS WORKING WITH



THE PROBLEMS

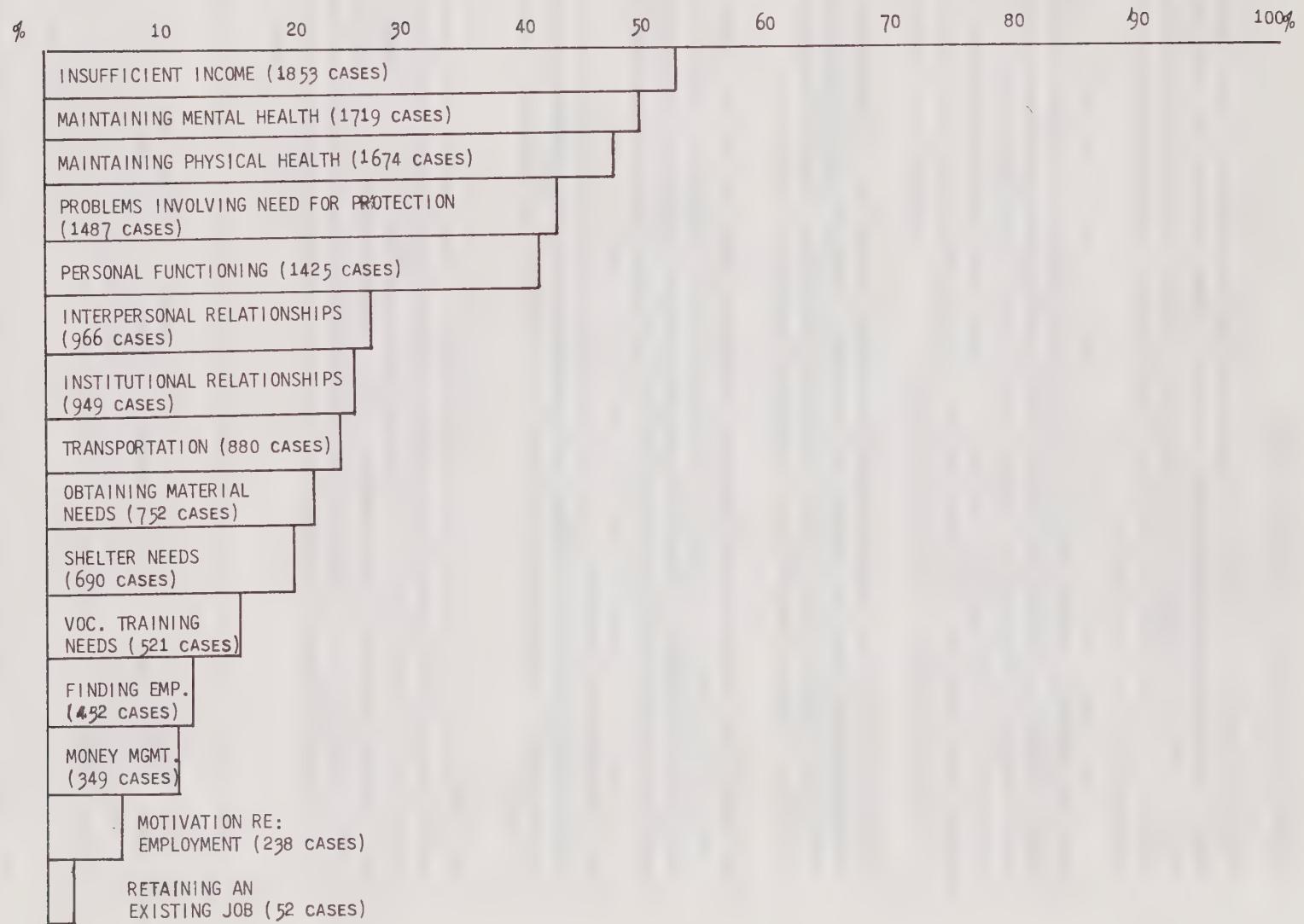
Analysis of the data revealed that the problems presented by clients fell into fifteen basic categories. These are listed and defined below, in order of occurrence. Where appropriate, the problem area has been subdivided into service goal areas.

1. Insufficient Income (53.7% of cases) - There is some need that cannot be met from the basic aid grant, or additional benefits, such as Emergency Housing Funds, County Supplemental Aid, etc., are needed and the potential availability or eligibility for them needs to be explored.
2. Maintaining Mental Health (49.8% of cases) - The client is mentally ill, or suffering from emotional stress or instability, or has disabling psychological problems. The service goals for this problem area were subdivided into providing referral to therapist, institution or other resource, 18.3%; providing casework counseling, 63.9%; obtaining supplies, .5%; more than one of the preceding, 17.3%.
3. Maintaining Physical Health (48.5% of cases) - The individual needs help in securing or following through on health care. The service goals for this problem area were subdivided into securing health care, 38.5%; obtaining supplies, 7%; adherence to regimen to maintain or improve health, 28%; more than one of the preceding, 27%.
4. Problems involving the need for protection (43.1% of cases) - Such as attendant care, substitute home care, legal problems, etc. The service goals for this problem area were subdivided into obtaining attendant services to enable person to remain in own home, 72%; providing out-of-home substitute care, 16%; providing institutionalization, 6%; arranging for legal assistance, 6%.
5. Problems of personal functioning (41.3% of cases) - The individual is unable to properly care for himself. The service goals for this problem area were subdivided into development of appropriate levels of self-care, 46%; development of appropriate levels of care of dependents, 2%; development of appropriate level of care of household, 22%; more than one of the preceding, 29%.
6. Problems with interpersonal relationships (28.0% of cases) - The client is experiencing serious difficulties because of inability to get along with people. The service goals for this problem area were subdivided into improving social effectiveness, 41%; dealing with conflict, 59%.
7. Institutional relationship problems (27.5% of cases) - The client is experiencing difficulties because of problems with one or more community institutions, such as schools, police, health, welfare, etc. The service goals for this problem area were subdivided into improving social effectiveness, 66%; reducing or halting conflict, 8%; reducing isolation, 11%; more than one of the above, 15%.
8. Transportation Problems (25.5% of cases) - The lack of transportation is preventing or interfering with health care, employment or other vital functions.

9. Problem obtaining material needs (21.8% of cases) - Clothing, household effects, food, or some other material item necessary to daily living. The service goals for this problem area were subdivided into obtaining household effects and equipment, 50.5%; obtaining food, 24%; obtaining clothing, 5.5%; more than one of the preceding, 20%.
10. Shelter Needs (20.0% of cases) - The client needs help in securing more appropriate shelter, either in terms of space or cost or location.
11. Vocational Training Needs (15.1% of cases) - The individual needs help in resolving the problems related to obtaining vocational training, and in securing and following through on vocational training.
12. Problems of Finding Employment (13.1% of cases) - Inability to locate or obtain suitable employment.
13. Money Management Problems (10.1% of cases) - The client is suffering because he cannot budget effectively, or use credit wisely, etc. The service goals for this problem area subdivided into improving budgeting and spending habits, 98%; obtaining or using credit, 2%.
14. Problems of motivation towards employment or training (6.9% of cases) - As a result of discouragement, attitude, or employment barriers the person has reduced interest in pursuing training or employment opportunities.
15. Retaining an Existing Job (1.5% of cases) - Situational or psychological problems threaten an employment situation.

Most individuals had more than one of the above problem areas. On the average, over four problem areas were experienced in each particular situation.

TABLE XII
PROBLEM AREA IDENTIFIED



INTERRELATIONSHIP OF PROBLEM AREAS

The mean number of problem areas was over 4 per case. The five problem areas appearing most frequently - insufficient income, maintaining mental health, maintaining physical health, clients in need of protection and problems in the area of personal functioning - were numerically frequently associated with each other.

The four problem areas related to self-support, vocational training, finding employment, vocational motivation and retaining an existing job, were found quite infrequently in this study, comprising four out of five least frequently occurring problem areas. They were often associated with each other, and they were all also highly associated with the problem area involving maintenance of mental health.

Associated with the second most frequently occurring problem area - maintaining mental health - were the problem areas of obtaining adequate shelter, improving interpersonal relationships, improving institutional relationships, obtaining transportation and improving personal functioning.

The most frequently occurring problem area, that of insufficient income, was also significantly related to problem area of obtaining material needs. The third most frequently occurring problem area - maintaining physical health - was also significantly related to the problem area of obtaining material needs.

The fourth most frequently occurring problem area, that of protection, also occurred significantly often in connection with the problem area of improving personal functioning which was the fifth most frequently occurring problem area.

The problem area - using money effectively - was one of the least frequently occurring problem areas occurring in only slightly over 10% of the cases. It occurred significantly often with the problem areas of interpersonal relations and personal functioning. The problem area of improved personal functioning was also found to be associated with more than half the cases involving vocational training or finding a job as a problem area.

THE METHODS

As professionals, Social Workers analyze a client's situation and formulate a considered plan for how to deal with the problems to be resolved. The repertoire of methods from which the social worker may select to work on a specific problem with a specific client may be broadly classified into four main categories:

1. Intercession - The social worker takes action with a third party on the client's behalf, such as might be the case in landlord-tenant disputes, resolving credit problems, facilitating an inter-agency transaction of some kind for the client's benefit.

In 30.4% of the cases studied Intercession was the principal method employed in dealing with the problem.

2. Therapeutic Counseling - The client's problems require supportive and/or therapeutic techniques aimed at ameliorating psychological or emotional dysfunctioning. This may be in addition to, or in lieu of psychiatric treatment.

In 23% of the cases, Therapeutic Counseling was the principal technique used.

3. Direct Action - In some instances the client is too helpless, or too immobilized by his problems, or situational barriers prevent a client from acting on his own behalf. In such situations the social worker may be required to act for the client, in order to accomplish some objective. Taking a person to a doctor, finding him a place to live, making an application in his behalf, are some of the types of direct action social workers may perform.

In 21.4% Direction Action was the primary approach used to help a client.

4. Teaching, Informing, Advising - This type of counseling is less of a therapeutic approach in that it is aimed at giving the client new information or skills, under the assumption that he is psychologically or emotionally healthy, and is operating under the handicap of misinformation or undeveloped abilities. The objective of this approach is to provide the client with coping skills which were formerly lacking.

Twenty percent of the cases had this approach as a principal technique.

Additionally, there were several cases in which none of the above were the primary methods, but in which services mainly involved the purchase of services from another agency, referral to another agency, or referral to another part of the Department of Social Services. Four and one-half percent of the sample cases fell into the last group.

Of the above described methods, the first and the third involve an attempt to make some change in the client's situation, where he may be unable to accomplish this change for himself. Situational conditions are relatively easy to evaluate objectively, and the desired changes fairly easy to define. The social worker's status as a government official, or his expertise and experience make him capable of accomplishing situation changes in a high proportion of the cases. The social worker knows who to talk to and what to say to get the desired results.

The second and fourth most frequently used methods involve attempts to achieve intellectual, emotional and/or attitudinal changes within the client himself, in the hope that these psychological changes will create behavioral changes which will result in more effective daily functioning. Such changes are much more difficult to define, and even harder to achieve. The relative difference in success rate is attributable not to the relative merits of the methods themselves, but to the relative difficulty of achieving the objective to which each of the methods is addressed.

No one technique is used exclusively. In most cases a social worker uses a variety of techniques to deal with different aspects of the client's situation. One or another technique is usually emphasized in any given case, however.

In the techniques of Intercession and Direct Action, changes can take place without the need to develop a positive relationship between the client and the social worker. The worker can solve a problem often without the client being aware of the social worker's influence in the matter. In a Counseling technique, success depends upon the development of a positive relationship between client and social worker, which is often difficult to achieve.

There were some significant differences found in the rates of success when compared on the basis of the principal technique used by the social worker. The overall significance of these comparisons was beyond the .01 level of confidence using several different statistical tests. The comparisons were based on the number of problems solved and on the degree to which the social worker was judged to have helped in the case.

Intercession on behalf of the client was the principal method used most frequently. These cases also ranked the highest in proportion of problems solved when compared with cases in which other principal methods were used. This ranking exceeded the success ranking of the cases using other kinds of principal techniques to a very significant degree.

The other major social work techniques were ranked in success on problem solving as follows: Direct Action - 2nd; Therapy - 3rd; and Teaching, Information and Advice - 4th. The ranking of the cases in which Teaching, Information and Advice was the principal social work method ranked significantly below the remainder of the cases. (see Table XIII, next page)

Paradoxically, when comparing these four most frequently occurring social work methods against the degree to which the analyst felt the social worker had helped in solving the problems, the cases in which therapeutic counseling was principal social work technique ranked as being the ones in which the social worker helped most. The cases in which intercession was the principal social work technique ranked second. Both of these rankings were significant beyond the .01 level of probability. Direct Action was ranked third and Teaching, Information and Advice - fourth, in comparison of social worker helpfulness. The cases in which Teaching, Information and Advice was used principally ranks significantly lower on social worker helpfulness than the remainder of the cases. (see Table XIV, next page)

TABLE XIII
DEGREE OF SUCCESS IN CASE
COMPARED WITH PRINCIPAL SOCIAL WORK TECHNIQUE

PRINCIPAL SOCIAL WORK TECHNIQUE	HOW MANY PROBLEMS SOLVED			% CASES IN SAMPLE
	ALL OR MOST	ABOUT HALF	VERY FEW OR NONE	
INTERCESSION	68.7	22.6	8.7	30.4
THERAPY	48.2	31.0	20.7	23.1
DIRECT ACTION	45.7	38.3	16.0	21.4
TEACHING, ADVICE, INFORMATION	43.6	24.4	32.0	20.6
PURCHASE OF SERVICE FROM ANOTHER AGENCY	75.0	12.5	12.5	2.1
REFERRAL TO OTHER AGENCY	33.3	33.3	33.3	1.6
REFERRAL TO OTHER DEPARTMENT OF SOCIAL SERVICES UNIT	33.3	--	66.7	0.7

TABLE XIV
PRINCIPAL SOCIAL WORK METHOD COMPARED WITH
EXTENT SOCIAL WORKER HELPED WITH THE PROBLEMS

PRINCIPAL TECHNIQUE USED	DID SOCIAL WORKER HELP			% CASES IN SAMPLE
	MUCH	SOMEWHAT	NOT AT ALL	
INTERCESSION	72.2%	27.8%	0.0%	30.4%
THERAPY	75.6	23.3	1.2	23.1
DIRECT ACTION	55.7	44.3	0.0	21.4
TEACHING, ADVICE, INFORMATION	47.4	44.7	7.9	20.6
PURCHASE OF SERVICE FROM ANOTHER AGENCY	87.5	12.5	0.0	2.1
REFERRAL TO OTHER AGENCY	33.3	50.0	16.7	1.6
REFERRAL TO OTHER DEPARTMENT OF SOCIAL SERVICES UNIT	0.0	100.0	0.0	0.7

These two comparisons, one on the basis of number of problems solved, the other on the basis of the degree to which the social worker was judged to have helped

with the problems, show a different order of ranking. This difference illustrates the difference in application of these techniques. The social worker consciously chooses, based on the nature of the problems presented, the techniques with which he will work with a particular case. The techniques of Direct Action and Intercession would be used to change the client's relationship with his environment, other persons, agencies and institutions without necessarily changing the client's behavior or attitudes. The techniques of therapy, teaching, informing and advising necessarily involve change in the client's understanding, behavior or attitudes and also help to influence the way he would approach problems in the future. It stands to reason that the problems which can be ameliorated through changing the client's environment or in working out an arrangement with a specific person or agency, yield much more readily to solution than problems which require basic change on the part of the client's behavior or attitudes. In all probability, this is why we see the cases involving intercession on behalf of the client ranking higher in terms of number of problems solved, while the cases in which therapy was the principal technique were judged to be the ones in which the social worker helped to the greatest degree because of helping equip the client to solve his own problems.

The data indicates that the social worker's most effective tool in terms of solving problems is his official capacity as an agent of County government when he intercedes on behalf of his client. At least for the adult disabled and aged clients, there was a high proportion of cases in which direct action with the client or intercession on his behalf is appropriate and these yield a good rate of success. The cases involving rehabilitation and therapeutic counseling of the client, while yielding a lower rate of success in terms of problem solution, still provide a significantly high degree of benefit to the client.

The social workers were able to help the clients involved in the sample cases in a variety of ways. They provide access to community agencies and a degree of sophistication in dealing with our complex society to clients who are isolated and lonely and who are limited in personal resources as well as financial resources for dealing with their problems. The social worker in his official capacity can provide verification of the client's need for service to another agency or verification of dependable income for the client to a landlord or other provider of material necessities. Social worker can provide a vehicle for obtaining volunteer services or may in many cases take direct action to help a client with a practical problem. And with the mentally ill and emotionally troubled, the social worker can provide therapeutic counseling, encouragement and support in dealing with a crisis or in rebuilding a shattered life.

THE OUTCOMES

The outcomes, or results of the service activities were classified into three major categories:

1. Goal Achieved (50.6% of all cases) - The outcome desired was substantially realized.
2. Some Improvement (40.8% of all cases) - There was noticeable movement toward the goal, although the full achievement had not yet been reached.
3. No Change (8.6% of all cases) - The situation remained basically the same as it had been at the outset of service activity.

The pages to follow contain an elaboration of each problem area. Included is some discussion of the methods employed, the outcomes, and additional material relevant to the problem area. Also included are some case examples showing the types of situations confronting our adult clientele.

1. Insufficient Income: While income maintenance is basically the concern of the Eligibility Worker, it is sometimes necessary for social services involvement when a person is in need of something that the basic grant cannot cover, or where additional benefits may be available and the potential needs to be explored. Such resources might include the obtaining of or maximizing food stamps, obtaining or maximizing other Department funds, obtaining or maximizing funds outside the Department, obtaining or altering responsible relative money, etc. The social worker often becomes involved in exploring the possibility of obtaining special funds, or planning for the use of such funds when the client is unable to do so for himself.

This problem occurred in 53.7% of the cases. The goal was fully achieved in 66% of the cases experiencing this problem and there was some degree of partial success in another 20% of the cases. The following case examples show how the help of a social worker alleviated the problems confronting two recipients of Aid to the Totally Disabled.

The case of Mr. H. In this case, Mr. H. was on ATD following a severe heart attack that left him suddenly and permanently disabled. The problem was that the client was no longer financially able to meet his monthly house mortgage payments since the loss of his income from employment. The H.'s children had helped all they could, but would not be able to prevent their parents losing their home. The service being requested was to help Mr. H. and his wife find some new source of monthly income in order to prevent the foreclosure of their home. When the social worker met with the couple, he found that Mrs. H. was also disabled (chronic rheumatoid arthritis), but was not receiving any benefits whatever. In addition, Mr. H. had not made application for OASDI benefits for his own disability.

The social worker referred Mr. and Mrs. H. to Social Security for benefits on Mr. H.'s earnings. He then found it necessary to intercede on the client's behalf with the Social Security Administration. Mr. H. was so immobilized by his dilemma that he was not able to give SSA all the information they needed and in a coherent order of events. The social worker was successful in this endeavor and the couple were both found to qualify for OASDI benefits. The social worker also encouraged Mrs. H. to apply for ATD for her own disability, and she was found to be eligible.

The last step of services the social worker accomplished with the H.'s was to intervene on their behalf in the foreclosure. Legal information was obtained and a delay in proceedings established while OASDI benefits were being requested. The plan for services in the problem area of insufficient income for the couple was successful.

In the case of Mr. N., a 20-year-old man, the problem of insufficient income was overcome with aid from a number of different community resources. Client had been injured in an automobile accident a year ago, and is now paraplegic and confined to a wheelchair. He continued to live with his family of two parents and six brothers and sisters. His parents were frequently paying for medicines and nonemergency doctors' visits, as well as a regular allotment of \$75 per month for a woman who did washing, cleaning, ironing and other personal services for the client while Mrs. N. cared for her family. Mr. N., the father, worked at two jobs to be able to pay these expenses. Even so, the family was going without many needed items, such as clothing, auto repair and entertainment. It was utterly impossible for the father to furnish a specially equipped car and a motorized wheelchair that would enable his son to return to college. The social worker found that the client had been pursuing a college career to become a teacher of Spanish at the secondary school level, and that his verbal and linguistic abilities were rated exceptional. He referred the client to DVR and to the Office of Bi-Lingual Educational Personnel Grants. Social worker also interpreted Medi-Cal eligibility to the family. Medical expenses are no longer needlessly draining the family's finances away from other needs. DVR helped toward the cost of making custom changes on a car the client's father bought for him to go to college in. A college grant was awarded to assist with the expenses of tuition and school books and supplies. And lastly, the social worker evaluated the need for attendant care services and recommended an allowance for this need. The attendant care request was approved.

2. Mental Health Problems: Mental health problems were seen in 49.8% of the sample cases and represented the second most frequent type of problem. Often in these cases the objective of the social workers' involvement is to help the individuals (who are not necessarily mentally ill) develop the inner strength and desire to cope with a multitude of situational problems that are interfering with their "normal" functioning.

While the outcome was considered fully successful in only 26.9% of the cases involved, there was some partial success in another 46.3% of the cases. This readily points up the fact that working with mental health problems is, with rare exception, not a short-term, crisis intervention type involvement.

While counseling was the major method used in this area (64.6% of the cases), a referral to a therapist or institution was considered appropriate in 17.5% and a combination of counseling and referral in 17.5% of the cases.

The following case examples highlight the type of situation wherein the worker might refer the client for help and continue to be involved in the situation.

Mr. T. is a 27-year-old electrical engineering graduate from Stanford University. Services were requested by the woman from whom the client was renting a room. She reported a great deal of concern for what she considered considerable withdrawal on the part of the client. She reported he stayed in his room almost continuously except for an occasional sporadic disappearance. She further related that he dressed very shabbily and often didn't shave, or wash either, she suspected. The Social Worker assigned to this case made immediate personal contact with the client. The worker approached this client openly and honestly, telling him that his purpose for being there was that Mr. T., the client, had appeared depressed and troubled to some of his neighbors. The client reported he was very glad indeed that the Social Worker had come out as he himself felt he was becoming suicidal; he said he thought a great deal about death these days and that it was becoming harder and harder for him to find a reason for living. The Social Worker and this client agreed upon a contract for services during this first meeting. A referral to a psychiatrist was made and arrangements were completed so that the client could be seen in psychotherapy each week at Community Mental Health. Thereafter the Social Worker provided supplementary supportive services with Mr. T. Client states that as a result of the Social Worker's help and arrangements, he is now able to face reality and is beginning to make appropriate plans for improved social functioning and for employment. He has moved to a central city location and has transportation and other community facilities available. His current landlord finds him a satisfactory tenant. He is no longer excessively withdrawn and is more able to relate to other people.

Mrs. M. is a 52-year-old woman, recently separated from her husband. She was referred for services by the eligibility worker because she appeared emotionally ill, always discussing her suicidal thoughts. She had recently received in-patient psychiatric treatment, but was now more in need of regular counseling and emotional support. The psychiatric problem was, in part, the result of losing her husband, having no financial support, and the impending need for surgery. The service worker helped with such tangible things as getting the client established in a board and care home, providing referral to volunteer transportation for needed medical appointments and interpreting the medical benefits that would be provided along with her assistance grant. These arrangements helped to alleviate the

tension and anxiety that Mrs. M. was feeling and also laid the groundwork for discussions of deeper emotional disturbances. The Social Worker continued to provide a great deal of moral support and encouragement, all of which resulted in increased optimism and better functioning.

3. Physical Health Problems: As might be expected with Adult and Handicapped people, almost one half (48.5%) of those in the sample were experiencing health problems which necessitated the help of a Social Worker to resolve. The service goals were directed towards securing health care; obtaining supplies; helping the person learn to adhere to a regimen to maintain or improve health or some combination of these goals. Securing health care was the major focus in 38.3% of the cases with 28.7% requiring help regarding adherence to a regimen.

In terms of outcome, full achievement of the goal was observed in 59.7% of the cases with some movement towards resolution of the problem apparent in 21.4% of the cases. The goal was considered "not achieved" in 18.9% of the cases and this is not surprising when one considers that the client in question is often totally and permanently disabled, and many of the problems are severe and intractable.

Often social workers are called on to help clients adhere to a regimen to improve health.

A typical example of this was the case of Mrs. K. A granddaughter of Mrs. K. who lives in Alameda County, called the eligibility worker regarding her grandmother's deteriorating health. Mrs. K. is 82. She has a chronic bronchitis condition, high blood pressure, scoliosis of the spine and edema of the lower extremities. All of these were known conditions that had been discovered several years ago when Mrs. K. was last to the doctor. Client was reported to refuse any recent attempts to get her to go to the doctor for medical treatment and renewed physical checkup. The granddaughter said she couldn't tell exactly why Mrs. K. was resisting health care, only that she became angry and told her granddaughter to get out of the house and leave her alone if the subject of medical care was brought up. The social worker met with Mrs. K. and learned from her that she never understood what doctors were talking about when they did try to explain things to her and that more often than not, they never even took the time to explain anything. She said it was difficult to discuss her feelings in this matter with the social worker because of her shame for her own ignorance and unimportance. She said she would never have told these things to her family, especially not her grandchild. She said that pride was about all a person her age had left and it would break her heart to let go of that pride. The social worker first arranged for a public health nurse to visit Mrs. K. in her home. This was acceptable to the client in light of the Public Health Nurse not being a figure of such authority that doctors seem to have been for Mrs. K. The social worker explained the circumstances to the Public Health Nurse before the visit was made. The PHN made sure to explain in ways that were neither incomprehensible nor belittling to the client's own self-esteem, some of the medical problems that Mrs. K. was already known to have. At the same time, the Public Health Nurse was able to obtain a better idea of her present condition. The Public Health Nurse became convinced that physical therapy would relieve somewhat the client's

back condition and that her other physical problems could be treated with drugs. A doctor's participation, however, was essential at this point. The Public Health Nurse and the social worker both agreed to accompany Mrs. K. to the first doctor's office visit, thereafter volunteer transportation would be provided. The doctor was contacted ahead of time and he proved very cooperative. This was acceptable to Mrs. K. The granddaughter, who had originally been so concerned for her grandmother's condition, reported to the social worker that Mrs. K. still does not discuss her medical problems with her, but that she obviously appears to be in ever improving physical condition. She reported that Mrs. K.'s appetite is better, that her complexion is a little more robust, and that she seems to walk around more.

4. Need for Protection: This problem area is particularly significant (43.1% of cases sampled) when working with adults and disabled individuals who are extremely vulnerable. Obtaining attendant services to enable a person to remain in his own home, for example, was noted in 72.4% of the cases needing protection. In another 14.8% of the cases it was necessary for the social worker to arrange out-of-home substitute care. In a few cases, remaining at home was not considered feasible and arranging institutionalization was necessary. Beyond this, the social worker felt it appropriate to arrange for legal services for the client in a small number of the cases involved. The success rate with this problem area was high with 82.1% of the clients experiencing full realization of the goal. The goal was not considered achieved in only 3.5% of the cases.

The following case examples represent the types of situations often confronting the social worker involved with the client who has some type of need for protection.

In the case of Mrs. B., services were needed to enable an 81-year-old woman to remain in her own home through the provision of Attendant services. The social worker was advised in the referral to contact the client's daughter, who became the identified client with whom the worker carried out the greater part of direct services. The daughter, Mrs. S., was a 56-year-old widow who worked full time. She reported that her mother had a series of strokes in the last 6 years. She must now use a cane in order to walk and has only limited use of her left arm as well as mental confusion and dizziness. Her mother also has eye cataracts and limited vision.

The daughter was strongly opposed to admitting her mother to a nursing home. She said she was wracked with anxiety worrying about the possibility of putting her mother in a nursing home. She could not, however, quit her job. The social worker submitted a recommendation for approval of attendant care funds to be included in Mrs. B.'s QAS grant. In addition, she was able to refer the daughter to a woman in the same apartment complex who could be the attendant. In this way, unnecessary institutionalization was avoided, sparing both high financial expense and the cost of human suffering.

In the case of Miss V., the social worker was referred to the home of a 47-year-old mentally retarded Mexican-American woman and her 58-year-old sister, also retarded, for protective intervention services to adults. The social worker found that the two women were being exploited by a nearby

neighbor. This man took all benefits the two women received from the Social Services Department, using most of the money and food stamp benefits for himself and his family, and used very little of the money for the needs of the two women. He had convinced the women that he was the only one that they could trust and that the "Welfare people" would only try to harm them if they allowed anyone but him to come into the house. The women were living in a one-bedroom shack, uninsulated and with broken plumbing. They had only two or three articles of clothing apiece, and when the social worker was able to make a home visit, she found only rice and lard for food. The man, Mr. L., told the worker he did everything he could to help these women, but because they were mentally retarded they always threw away the things he had purchased for them. The social worker spent approximately seven months intervening on behalf of the two sisters. In that time she was able to gain a certain amount of their trust and confidence. She spoke with various neighbors as well as nearby community resource agencies and found that this man had a reputation (though not a legal record) of exploiting helpless, dependent individuals. The social worker assisted in arranging for the County to become substitute payee for the two sisters, and all of their financial matters were taken care of through this process. The social worker also enlisted the help of an Outreach Clinic serving the area in which the sisters lived and medical assistance for malnutrition and dental needs is being provided.

The social worker also worked with the landlord of this shack where the two sisters lived and arranged for them to move next door into a much better house at very little additional cost. The social worker involved a Spanish-speaking volunteer to assist the sisters in learning how to shop for themselves and how to buy clothes, as well as to find needed household items and furniture. She has since become the paid attendant care person for the client. An approval for an attendant care allowance to be included in client's grant was obtained by the social worker.

5. Problems of Personal Functioning: The individuals concerned are unable to care for themselves appropriately. This may involve mental or physical disability, faulty attitudes or expectations which result in the person not being able to carry out the activities of daily living, care of self or household. The service goal involved helping the person improve his functioning to a more adequate level.

The problem was experienced by 41.3% of the people in the sample under study. The social worker was usually involved with helping the client develop appropriate levels of self-care (46% of the cases) or development of appropriate level of care of household (23% of the cases). The clients reported that something helpful had been accomplished for them in 62% of the cases.

The following case examples were encountered in the study and are a good indication of the type of situation often involved.

In the case of Mr. P., the social worker was referred to a 61-year-old man with severe emphysema who had been in a profession since 1938 until his forced retirement due to emphysema several years ago. Mrs. P., age 56, was working six days per week and trying at the same time to keep

house as well as tend to her husband's needs. Mr. P. attended inhalation therapy, which was costing them a lot of money each week. The main problem in this case was Mr. P.'s determined will that he and his wife not fall into the ignominy of accepting "handouts" from the Welfare Department. The result of this attitude of fear of Welfare dependence was great jeopardy to the health of Mrs. P. and a house that was never completely clean as Mrs. P. was often too tired from her employment to do the needed housework, laundry and food preparation. The social worker met with both Mr. P. and his wife and was able to discuss openly with them their personal feelings and fears, especially as they related to fearing Welfare. The social worker found that Mr. P. was actually very embittered because of his retirement from his work, which had always meant so much to him, was bored because he never had anything to do with his time each day, and was also subject to great fears of his own death that had immobilized him entirely from doing activities of which he was still fully capable. The social worker helped him to think things through, engage in more physical activities, and to make wiser decisions. As a result, Mr. P. was able to think more positively about the humane and charitable aspects of the Department of Social Services and to feel at ease with himself in utilizing the available services. He made application and was found eligible for Aid to the Disabled. Following this, the social worker was able to request and receive approval for the allowance of monies in Mr. P.'s grant for Homemaker Services. Lastly, needed roof repair was effected.

Mr. R. was a 44-year-old Spanish-speaking only man, living in a Mental Hygiene home. The client had requested services through his eligibility worker for help with personal problems. The Spanish-speaking social worker assigned to the case visited with the man and found that he was bored, depressed and lonely. The worker found that the client had completed a college education at a Peruvian University in music, art and philosophy. Now, however, because of depression and severe fatigue, Mr. R. was unable to hold down a job or to function well in areas of socialization or proper care to his person. The social worker and the client formulated a contract, in Spanish, in which they agreed to meet weekly for counseling sessions, also to be conducted in Spanish. The social worker began treatment to the client by giving him small assignments, very specific things for Mr. R. to do; example, how to approach people, how to get prescriptions filled, how to ride the bus. Mr. R. found that he could accomplish these easy assignments with no difficulty and voluntarily discussed forms of more difficult tasks with the social worker. The social worker found that the client's depression lessened in a fairly short period of time. Mr. R. is now much less isolated, is active with a community organization for opportunities for minority persons in the community, and appears to be regaining sufficient independence that a return to paid employment is again a possibility.

6. Problem with Interpersonal Relationships: 28% of the people in the sample were experiencing problems with respect to interpersonal relationships. The service goals related to this problem area involved reducing conflict (59%) and improving social effectiveness (41%). For the most part people experiencing problems in this area are those individuals who have difficulty getting along with those about them. Often they are unable to function

as productive, socially effective, members of society both in their business life and their day-to-day living. Where there was social worker involvement, the analysts noted that 18% managed to fully resolve their problems. Partial achievement was obtained in 47% of the cases with no improvement seen in 35% of the cases. The low success rate is not unrealistic when one considers that problems with interpersonal relationships usually stem from a lifestyle which has developed over a considerable period of time and has been subjected to many years of reinforcement. Thus, quick and easy solutions are not realistic.

The following case examples illustrate problems with interpersonal relations that were having a profound impact on the functioning of two families.

A couple in their early 50's with marital problems were referred by their Eligibility Worker to Services in the area of marriage counseling. It was found that Mr. O. had a history of severe emotional problems, and for this reason had been unable to find work for the last several years. He reported he had no training anyway. They both expressed to the Social Worker a feeling of being "sort of stuck with each other." A secondary problem was need for medical care. The Social Worker met weekly for six weeks providing the usual sort of problem-solving, intercommunication enhancing counseling services. The worker, however, also realized that many of the problems the couple were facing stemmed from the very real deprivation and lack of mobility in the clients' lives. The Social Worker arranged for provision of volunteer transportation for medical appointments, and even shopping. This helped enable each of the two marriage partners to overcome their feelings of being trapped with each other with never any form of escape. The Social Worker also encouraged Mr. O. to attend psychiatric therapy and helped arrange the necessary transportation for this. As a result of this intervention, the couple reports they plan to remain together and that they feel much better about themselves and their relationship. Mr. O. appears to have established a good rapport with his psychiatrist. The psychiatrist told the Social Worker that Mr. O.'s form of emotional dysfunctioning was one of those that has been found to be quite amenable to psychotherapy.

Mr. W. was a 55-year-old, single man with numbness in his right leg, severe asthma condition and a tendency to inebriation. He had lived in his mother's home for the last 3½ years since being found eligible to receive ATD. His mother was the one to request services to help her in placing him in a sheltered living situation out of her home. The woman stated the problem as her being subject to strong verbal abuse, and on occasion even physical abuse by her son when he was drunk. She said he never helped her out around the house, took money from her, and was always out of sorts with her. The Social Worker gave the woman information regarding various residential facilities in the area, worked with the mother to help her deal with her inner conflicts regarding the placement of her own son, and also worked with the son to help him become more aware of the effect of his behavior on his mother. As a result of this helpful intervention, the client's mother decided to have her son remain in the home after all. The client reciprocated by modifying his own behavior to behave in a less disruptive manner. These two people are continuing to live together with less conflict. Institutionalization has been avoided, a savings in costs effected and the individuals involved feel their daily lives are more satisfying.

7. Institutional Relationship Problems: Many elderly and disabled individuals tend to cut themselves off from the everyday world of the average working person. As a result, they often become unsophisticated regarding appropriate ways to cope effectively with agencies, professional and commercial establishments, etc., when the need to do so arises. In this study 27.5% of the people were experiencing such problems to the extent that it was felt a Social Worker's assistance might help.

The service goals for this problem area included improving social effectiveness (66%), reducing or halting conflict (8%), reducing isolation (11%), and a combination of one or more of the preceding (15%). The success rate for being of help to these individuals ranged from complete success in one-fourth of the cases to partial success in 41% of the cases and no help in 34% of the cases. Low level of sophistication, language barriers, a feeling of intimidation by community institutions and emotional or mental barriers are considered to be some of the factors which contribute to a lower success rate.

The following case examples indicate how social workers have helped when confronted with the need to help someone improve their ability to cope with institutional relations.

Mrs. K. was an 83-year-old widow who was nearly blind and was also quite hard of hearing. She was still able to live in her own home, but only with the aid of Attendant Care services from Homemakers of Santa Clara County. The problem was that Mrs. K. would often refuse to let the homemaker into her home in order to provide attendant services or would fight with the attendant care person and accuse her of poor services, stealing and being of unsavory character when she was admitted to the home. The referral to services was made by Homemakers of Santa Clara County on the basis that they did not feel they could continue Attendant Care services, but felt if they discontinued the services, the client could not function entirely on her own. The Social Worker met with the client and learned that she had been a widow for only 11 months, which coincided approximately with the client's involvement with Homemakers of Santa Clara County. Prior to that time the client's husband, who had been in good health until his sudden death due to a massive stroke, had been able to take care of the home and prepare meals. The Social Worker also learned that the client had been dependent on her husband in other ways, but most strongly in the area of socialization. The Social Worker was able to find out that Mrs. K. had had very little contact with other people for quite a few years before her husband's death. As it happened, the Homemakers of Santa Clara agency frequently sent new attendant care persons to the home of Mrs. K., sometimes as many as four different attendants in the same week. With Mrs. K.'s low socialization skills and strong tendency not to trust strangers, these continuous changes of people coming into her home were intolerable. The Social Worker was able to gain the trust and confidence of Mrs. K., who was then willing to accompany the Social Worker for a field visit to the office of the Homemakers of Santa Clara County, where she was introduced to the Director, to Supervisors and many of the other personnel who were on hand. She was treated cordially and given a full explanation of the operation of the Homemaker's services. In this way she was able to relate with trust and understanding to the agency and

did not thereafter mind that her attendant care helper was often someone she did not personally know.

Mr. Z. is a 76-year-old deaf man. Communication with him is possible only through writing. His case was referred to services by his eligibility worker because of a reported conflict with the operator of the board and care home in which he resided. It appeared as though the client would imminently be evicted from his present living situation with no plans for moving to a new board and care home. The social worker met with both the client, Mr. Z., and the board and care home operator and learned that the client was refusing to pay the established board and care rate and was causing some difficulty with the other boarders because of his insistence on cooking his own food. The cooking of food was prohibited to board and care residents. The client and his social worker discussed other living arrangements, and it was decided that Mr. Z. would live by himself, in his own apartment, and with all responsibility for self-care. Before this was done, however, the social worker wisely helped clarify all misunderstandings and smooth over any possible hurt feelings between the client and the board and care home operator. After two months of living by himself, the client contacted the social worker reporting he had found he really could not properly care for himself and had become ill and partially malnourished. Mr. Z. was then able to return to his former residence at the board and care home where he was welcomed by the operator, who could now understand the reasons behind the client's episode of disagreeable behavior. The client, on the other hand, was at this point prepared to consider the positive and helpful aspects of a board and care living arrangement.

8. Transportation Problems: Age and/or infirmity often cause transportation problems. Sometimes the difficulty is inaccessibility to public transportation. For others, public transportation cannot accommodate the needs of the physically or mentally disabled person, or they are no longer able to use his own automobile.

In this study 25.5% of the people were experiencing problems with obtaining needed transportation. Surprisingly, the social worker was able to be of much assistance in this area, with 55.3% of the clients reporting that the workers were able to help them resolve their transportation problems and another 16.5% partially obtaining the service goals.

The case examples that follow indicate how workers are sometimes able to resolve this type of problem with the client.

The social worker was referred to Mrs. C. for problems with transportation.

The client was a 67-year-old woman with two advanced college degrees who had taught at the college level for six years before she had a nervous breakdown. She was institutionalized at Agnews State Hospital for many years before her release to a residential care home a year or so ago. Mrs. C.'s problems were those of isolation, inactivity and loneliness, all of which could be overcome through meeting the need for transportation. Mrs. C. had been offered a volunteer clerical type of position with an agency. She also desired to join a Senior Citizens' group and in social events at her church. In addition, it was important that she keep

appointments for psychotherapy. The client did not drive and had no money for a car anyway. The social worker arranged for rides to the psychiatrist through the volunteer group here in the Department of Social Services. For transportation to the Senior Citizens' group and to the church social events, social worker contacted those two organizations and arranged for volunteer transportation to be provided by members of those two groups. It was Mrs. C. herself, encouraged by the arrangements her social worker had been able to make, who took initiative and arranged for rides to her volunteer job.

Mrs. F. is a 94-year-old woman who speaks only Spanish. She lives with her 68-year-old daughter who provides Attendant Care services to her. The client has weekly appointments with two doctors for treatments of severe health problems. The client's daughter had never learned to drive and the son-in-law, age 70, could no longer drive because of a back condition. There were various grandchildren living in nearby cities, but their cars were in use daily for transportation to employment. The client's daughter reported to the Spanish-speaking social worker that the taxicabs had been their only means of reliable transportation in the past, but that the high expense of a taxi meant that there were many weeks in which the client did not receive her needed medical treatments. The social worker arranged for ongoing weekly volunteer transportation for the two medical appointments for Mrs. F.

9. Material Needs: Almost one-fourth (21.8%) of the people in the sample were having problems obtaining material items. The need ranged from obtaining household effects and equipment (48.6%) to obtaining food (24.8%) to obtaining clothing (5.5%) and a combination of more than one of the above in 20.6% of the cases. The social worker was able to help these individuals obtain the needed items in some degree in 71.8% of the cases. The following is a typical situation that might be expected when dealing with this type of problem.

In the case of Mr. J. when the need for material items was solved, other problems were overcome in its solution. Mr. J. was a 29-year-old man with a history of emotional disturbances and some drinking problems. He had been unemployed for the last three years. The social worker made a referral to Vocational Services Division. VSD interviewed the client and found that Mr. J. was qualified for a number of jobs by his two years of college education but that he had no suitable clothing whatever to wear to job interviews. The social worker immediately intervened and was able to obtain funds for clothing for the client. As a result of this, Mr. J. recently got a job, has found that his mental attitude has improved greatly, and believes that his future prospects are at last good. He reported that the turning point for him was the help he received with money for the clothing he needed to look for a job.

10. Shelter Needs: There was a need for assistance in obtaining shelter in 20.0% of the sample cases. Often the person in need of this service is being released from a mental institution or medical facility and there is no one able to assist in finding suitable housing. At other times it is a matter of eviction for non-payment of rent, or need to be located in a more suitable place. At such times the social worker is often called upon when the problem has reached a crisis point and a need to act immediately. The results of the study indicate that

the worker was able to fully resolve the problem in 56.3% of the cases, partially in 8.7% of the cases, and not at all in 35% of the cases.

As the following examples illustrate, immediate action is often required in problems of this type. In addition, collateral contacts are often necessary for successful problem solving.

Mr. D. is a 67-year-old man recently hospitalized because of a stroke. He was referred to services shortly before his release from the hospital, as he would have no residence to go to following his release. Mr. D. was married, but his wife had been in a convalescent hospital for several years. Before his stroke he had been living in a cheap hotel room in the downtown area. The social worker met with Mr. D., discussed his needs (such as closeness to stores and transportation, ground floor accommodations, etc.). Following that, the social worker met with the Public Service Aide serving in his unit. Part of this PSA's special area of ability was maintaining a list of available rooms and inexpensive apartments in the downtown area. Two days later a suitable room with kitchen privileges had been found. The social worker arranged for Mr. D. to see his room before the move was made. He was satisfied, and further arrangements were made for moving his belongings and himself to his new home.

Mr. and Mrs. M. are both receiving Aid to the Disabled. Mrs. M. is senile and has a brain malfunction; Mr. M. is marginally retarded. The couple have a 13-year-old son. The family was sharing a cramped living situation with another family of five. The eligibility worker referred the case to Services for help in arranging suitable shelter. The social worker immediately contacted the Housing Authority of the City of San Jose. The social worker found it necessary to become an advocate for the clients and was able to convince Housing Authority personnel of the emergency of the situation. A two-bedroom home close to bus transportation was provided. Additional services the social worker provided were finding permanent medical care near the family's new home, acquainting the family with a nearby pharmacy so that prescribed medication could be readily obtained, and referral to the Social Security office. The clients had not known of their eligibility for OASDI benefits, which were, in fact, subsequently obtained.

11. Vocational Training Needs: As might be expected with the adult clientele (aged and disabled) fewer were in need of obtaining vocational training than was the case for AFDC families. Out of this sample, 15% were experiencing such a need. Success rate, too, was low, with 18.3% of those being helped fully to reach their goal, 26.7% partially, and 55% not helped.

Mr. M.'s situation is an example which helps to clarify the lower success rate. He is a 69-year-old recipient of QAS who experiences medical problems which require frequent medical attention - i.e., heart trouble, gout. Mr. M. does not consider himself old or severely disabled and frequently requests help with vocational training which results in a service referral. Numerous futile attempts have been made to accommodate Mr. M.'s expressed need. Such attempts continually meet with failure, then Mr. M. goes through a period of nonproductivity because of health problems requiring his full time and attention.

The following three examples would appear to be among the minority of cases where success has been obtained or is anticipated.

A 20-year-old man with an 11th-grade education had been addicted to drugs. The service need was for a stabilized living situation and the emotional support to assist the client to stay off drugs and to focus his thoughts on what he wanted to do. The social worker referred the client to OIC and, subsequently, he was enrolled in body and fender repair work. The social worker continued to give the needed emotional support. At this time, the client is doing well in his body and fender training, has continued to stay off drugs, and is currently planning for Adult Education classes to finish his high school education.

An ATD recipient, a 24-year-old man who has had some disability as a result of cerebral palsy, is pursuing an A.A. degree which will qualify him to work as a library technician. Although he was registered and met the academic requirements for continued junior college training, his whole plan for the 1972-73 school year was jeopardized because he had been unable to accumulate enough money to pay his tuition and buy the required books.

A referral to Service was made and, as a result of the social worker and Vocational Counselor working together, the necessary funds were authorized and the client is making steady progress towards his goal. He candidly states the encouragement and support given him by the social worker enabled him to persevere at a time when he was about to give up his struggle to equip himself to become self-supporting.

A 27-year-old victim of cerebral palsy and a recipient of ATD had seemingly run into insurmountable obstacles in his effort to continue the college courses he needed and wanted. The person who had been providing transportation to school could no longer do so. The client was in conflict and under pressure with some of the school personnel partially because of his lack of sufficient funds to obtain the recommended and needed art supplies. This man is an artist who has had some success in selling his paintings. He did have previous employment in a sign-making shop in another area, but had been unable to find employment in San Jose. He hopes to better qualify himself for employment by acquiring more technical skill. His ultimate goal is to own his own sign painting business.

A referral to Services was made. The social worker contacted school personnel and was able to arrange for the necessary art supplies. Another student was found in the client's neighborhood who was willing and able to provide the needed transportation to classes. The client had been somewhat negligent in following health care practices and the social worker was instrumental in getting needed medication as well as motivating the client to be conscientious about his health needs.

Although the social worker was able to accomplish these specific tasks of obtaining the art supplies, transportation, and medication, the client stated that the real value of his contact with the social worker was that the social worker had made him see himself more clearly and to recognize the part he himself had played in some of his past difficulties. "He gave me faith in myself and my future."

12. Finding Employment: This was a problem for the 13.1% who were unemployed but did have work skills and/or work history, but could not find a suitable job. The goal of the service worker was to work with other Department staff and/or other agencies in attempting to find suitable employment for the individual concerned. The workers were successful with 19.2% of the clients, partially successful with another 9.6% and not successful with 71.2%. Age and high level of disability were factors which greatly contributed to the poor success rate.

The following example portrays the needs inherent with this type of problem.

Mr. U. was a 20-year-old, recent GA-Unemployed client who had originally been referred to a social worker for services in determining client's possible employability. Although this was a Departmental requirement, the client himself said this was a very important concern to him. His personal history revealed that he had dropped out of high school in the 10th grade, and had had numerous part-time jobs. The client was a somewhat immature young man, but seemed well-meaning and sincere. The client was referred to the Vocational Services Division, and recommended aptitude and interest testing was done right away. The results indicated a good manual dexterity. The client was given job referrals to several electronics firms in the Santa Clara industrial area and is now working. He is also going to adult education classes to finish his high school diploma.

He continued seeing the social worker for several months to work out some emotional problems that had been handicapping his ability to hold a steady job. At the point of the evaluation interview, both client and worker agreed that the client had stabilized at a much improved level of functioning, and the case was to be closed.

13. Money Management Problems: They were apparent in 10.1% of those cases in the sample. Often this type of problem is evidence of ignorance or carelessness where money is concerned. For the elderly, who may be insecure and confused, it may often be a matter of exploitation by others in the community. In other cases it may involve inability to obtain credit or to know how to properly use credit once established. The social worker confronted with this problem worked to help the clients improve budgeting and spending habits. Full success was achieved in 50% of the cases handled, and partial success in 37½%. Only 12½% showed no improvement, which might indicate a basically sound money management ability on the part of the client but that other factors may have crept in.

The following example indicates the type of problem a social worker can anticipate.

A 25-year-old single woman receiving ATD because of emotional problems asked for a social worker to help her unsnarl her financial affairs. She told the eligibility worker she was headed for disaster.

The social worker found the client to be a depressed person involved in frantic and pointless activities. She shared an apartment with three other women. She had a number of past due bills and was steadily getting deeper in debt.

The client and social worker reviewed the entire situation. It quickly

became evident that a good part of the problem was that the roommates were not paying their fair share of expenses, using the client's things, and influencing her to spend money foolishly.

The Social Worker helped the client think through and establish a budget and encouraged the client to keep a record of all expenditures. They met together regularly to compare expenditures to budget allowances. Gradually the client learned self-discipline in spending and also to recognize when her roommates were taking advantage of her.

At the time service was terminated, the client was planning a move to a separate living situation, several old debts had been paid off, and she felt confident she could now handle her income responsibly. During this period of learning budget control, there was a marked decrease in the client's anxiety, her activities and daily life became more focused and she decided to return to junior college training.

14. Problems of Motivation towards Employment or Training: This problem was observed in only 6.9% of the cases sampled. This low rate of occurrence is not surprising in view of the fact that many of the people in the adult caseloads are aged and/or disabled and motivation towards employment is of secondary importance to the other problems that confront them. Where the problem was observed a successful outcome was seen in only 13.8% of the cases with partial success in another 20.7%. In the adult categories this problem usually occurs in the General Assistance caseloads, where there are more apt to be employables. The following example is a case in point.

The mother of a 23-year-old girl who is a GA recipient (pending ATD determination), requested service as the girl was extremely apathetic, showing no interest or effort in making a life for herself and spent most of her time at home with little interaction even with family members. The girl had finished 9th grade in school and had no employment history.

The social worker persistently and regularly visited the girl and made a variety of efforts to interest the girl in broadening her own life and planning for the future. It was some time before the client was responsive and willing to talk about the need for training, the need for transportation, and the values of having marketable skills. Gradually, the girl started to enjoy the company of people her own age and to think and talk openly about her own life. She decided that she would like to work in the field of electronics, of her own initiative talked to the people at OIC and at this time is planning to register for the next beginning class in electronics training. The client has also done some job hunting and is currently searching for the means to learn to drive a car.

The client states that before she knew the social worker she was afraid to go out socially and afraid to talk to people about employment. She attributes her current planning and efforts to her contacts with the social worker. "She helped me figure out what I want to do with myself."

15. Problems Relating to Retaining an Existing Job: This problem was apparent in a small (1.5%) portion of the sample. Basically it involves the individual who faces some type of threat to his continuing employment. This might involve something in the client's personal life or some on-the-job problem which the individual finds himself unable to cope with without assistance. Success rate

in working with this problem area was small, with partial success in 33% of the cases and no success in 67%.

The following example illustrates the type of problem that may well be involved in placing a man's job in jeopardy.

Mr. and Mrs. Y. were a middle-aged couple with no children of their own. Mrs. Y. was disabled and receiving public assistance. Mr. Y. worked for low wages with a local bottling plant. There were problems of health care and interpersonal conflicts magnified by the fact that Mrs. Y.'s mother and retarded brother lived with the couple. The most serious and immediate problem was the threat to Mr. Y.'s continued employment because he was forced to miss work frequently to take his mother-in-law and son to medical appointments. The social worker was able to locate an inexpensive home for the mother-in-law and son on a bus line. As a result, much of the stress and conflict the couple had been experiencing was relieved. At last contact Mr. Y. told his social worker he had just received a satisfactory job evaluation.

MULTIPLE PROBLEMS

Many times the social worker is confronted with a case involving multiple problems that necessitate social work intervention. The following example is indicative of the type of multi-problem situation that might confront a social worker and the involvement required in attempting resolution.

Mr. J. is a 26-year-old, single man with an 11th grade education, mildly mentally retarded, who was living alone in a hotel room. He was receiving Aid to the Totally Disabled, and it was his eligibility worker who referred him to services because she felt that the client was "going nowhere". The eligibility worker further explained that it appeared the client was involved in no meaningful activities and was staying alone most of the time in his room watching TV and reading comic books. The social worker stopped to see him regularly, giving him encouragement, and helping him to begin thinking more about himself and his needs. He helped the client to consider what his interests might be and what he might enjoy becoming active in doing. The service worker helped enroll him in a program of speech therapy and learning to read at a higher level. A special request for money to purchase a bicycle was approved; also the social worker arranged for a public service aide to visit Mr. J. and spend some time going to different stores, the library and other community resources. The social worker also referred the client to the Department of Vocational Rehabilitation and made follow-up contacts with the rehabilitation counselor. Possible employment in the future is now being planned by this group. The social worker has noted that the client's self-esteem is much improved, he is less isolated, and is showing indications of eventually becoming a much more responsible and even self-supporting person. The following outlines the problems, and the methods used to resolve the problems and outcomes in this case.

MR. J.'s PROBLEM - OUTCOME DIAGRAM

<u>Problems</u>	<u>Method</u>	<u>Outcome</u>
1. Interpersonal Isolated Lonely Insecure	Counseling by SW Help from Public Services Aide	Improved
2. Vocational Literacy Job Skills	Referral Counseling	Some Progress
3. Transportation	Special Funds	Solved
4. Physical Speech Disability	Referral	Progress
5. Institutional Relationships learning to use public fa- cilities, community resources	Help from Public Services Aide	Progress

Success of Social Workers in the Problem Areas

We were interested in determining the degree to which social workers were successful in the various problem areas. The analysts found that the social workers were fully or partially successful in from 28.8% to 90.8% of the cases in which the problem area was identified. We also found that the workers were more successful in the problem areas which occurred more frequently. In fact, the frequency of problem incidence was found to be highly correlated with all measures of social work success, including achieving the service goal, partially achieving the service goal, whether most or all of the problems in the case were solved, and whether the analyst and the client saw the problems as being worked on. All of these correlations were statistically significant beyond the .001 level.

TABLE XV RATE OF SUCCESS BY PROBLEM AREA

PROBLEM AREA	PERCENT OF CASES WITH SERVICE GOAL OBTAINED COMPLETELY OR PARTIALLY
NEED FOR PROTECTION (43.1% OF CASES)	90.8%
MONEY MANAGEMENT (10.1% OF CASES)	87.5%
INSUFFICIENT INCOME (53.7% OF CASES)	86.6%
MAINTAINING PHYSICAL HEALTH (48.5% OF CASES)	81.1%
PERSONAL FUNCTIONING (41.3% OF CASES)	76.0%
OBTAINING MATERIAL NEEDS (21.8% OF CASES)	75.6%
MAINTAINING MENTAL HEALTH (49.8% OF CASES)	73.1%
TRANSPORTATION (25.5% OF CASES)	71.8%
INSTITUTIONAL RELATIONSHIPS (27.5% OF CASES)	65.8%
INTERPERSONAL RELATIONSHIPS (28.0% OF CASES)	65.2%
SHELTER NEEDS (20.0% OF CASES)	65.0%
VOCATIONAL TRAINING NEEDS (15.1% OF CASES)	45.0%
MOTIVATION TOWARDS EMPLOYMENT (6.9% OF CASES)	34.5%
RETAINING AN EXISTING JOB (1.5% OF CASES)	33/3%
FINDING EMPLOYMENT (13.1% OF CASES)	28.8%

THE SERVICE PROCESS

Since 1967, when social services functions were separated from grant determination (eligibility) functions, the eligibility worker has been responsible for starting the service process by referring those clients to social services who are in need of the help a social worker can offer. In some situations - e.g., attendant care review; money management problems - the eligibility worker is mandated to refer the situation to a social worker. In other situations, a referral is classified as "voluntary" and a referral made because the client or some other person asks for the help of a social worker on the client's behalf. In this study 64% of the referrals were voluntary - that is, the client had a choice and agreed to the service when offered - and 35.8% were mandatory - the client had no choice as to whether or not he would accept the service.

Once the referral has been made, it becomes the responsibility of the social worker to evaluate the situation and make contact with the client as soon as possible. In this study 20% of the clients were contacted within one day from referral and an additional 10% were contacted within 5 days. There was a 6-10 day delay in contact in 22% of the cases and from 11 days to two weeks in 11% of the cases. The records indicate that over two weeks elapsed from referral to first social worker contact in 35% of the cases. In the remaining 5% of the cases there was no contact at all indicated but this often was due to the fact that the worker had just recently received the case in question. The clients, however, generally did not perceive a long wait between requesting and receiving services. In only 14% did the client feel he had to wait a long time before a worker contacted him.

The Relationship

Most clients (68%) knew the identity of their present social worker and most (71%) had had only one social worker during the current period of social services activity. An additional 11% had had two workers and 17% reported 3 or more workers during the current service period (time from last service opening to present). The percentage with 3 or more workers might relate to the 18% of clients who had been in service for over 1 year. Since staff changes occur due to promotions, leaves, terminations, changes of assignments, etc., it would appear logical that the older cases have had more chance for some changes in social worker assignment.

For the most part, the relationship between the client and social worker seems to be positive and conducive to beneficial results. Two-thirds of the clients reported that they feel completely free to discuss personal problems with their worker, and an additional 19% feel partially free to do so. The social workers seemed to perceive the clients' feelings in this regard fairly accurately.

Overall 95% of the cases reviewed were being actively worked on by a social worker. As mentioned elsewhere in this report, approximately 5% of the cases had not been contacted yet because of backlogs.

The social worker was able to resolve all or most of the problems in about half of the cases, some of the problems in just over 40%; the remainder (8.6%) had none of the problems resolved.

The worker was judged to be of much help in over 61% of the cases, of some help in almost one-third of the cases, and of no help in about 6% of the cases.

TABLE XVI

GENERAL OUTCOMES OF SERVICE

VARIABLE	PERCENT OF SAMPLE	PROJECTED NUMBER IN DEPT. CASELOAD
WHERE THERE ANY PROBLEMS THAT THE SW WORKED ON?		
YES	95.0	3278
No	.5.0	173
HOW MANY PROBLEMS WERE SOLVED?		
ALL OR MOST	50.6	1746
SOME	40.8	1408
NONE	8.6	297
DID THE WORKER HELP IN SOLVING THE PROBLEM?		
MUCH	61.2	2112
SOMEWHAT	32.8	1132
NOT AT ALL	5.9	204

Where the client reported unsuccessful services, an attempt was made to determine the principal problem. In 48.5% of the cases something interfered in the casework process, including the following: 20.8% of the cases--the client himself lacked sufficient capacity to assist or utilize the services offered; 12.4% of the cases--it was concluded that the social worker lacked sufficient skill or knowledge; 4.5%--appropriate action was not taken.

In smaller percentages, the breakdown in service was due to failures or lacks on the part of the Department of Social Services, community agencies, or factors in the general community climate. For example, social worker illness or vacation or resignation leaves a caseload uncovered, and client receives no help. Special funds for special needs, (e.g., housing) are depleted; Housing Authority has a long waiting list, the unemployment rate is high in the community.

TABLE XVII

PROBLEMS WITH SERVICE DELIVERY

TYPE OF PROBLEM	% OF SAMPLE	PROJECTED NUMBER IN DEPT. CASELOAD
CLIENT HIMSELF, WHO LACKED SUFFICIENT CAPACITY; E.G., IMMOBILIZED BY CONFLICT; LACKS SKILL	20.8	718
SOCIAL WORKER, WHO ACTED WITH INSUFFICIENT SKILL, KNOWLEDGE; E.G., INCORRECTLY DIAGNOSED SITUATION	12.4	428
SOCIAL WORKER, WHO DID NOT ATTEMPT TO MEET SERVICE NEED; E.G., SOCIAL WORKER IGNORED REQUEST, BELIEVING CLIENT "CRYING WOLF"	4.5	155
DEPARTMENT OF SOCIAL SERVICES TO PROVIDE OR CARRY OUT FUNCTION, PROCEDURE; E.G., SERVICE REFERRAL MACHINERY DID NOT WORK QUICKLY ENOUGH; MONTH-END EXHAUSTION OF FUNDS	4.5	155
COMMUNITY RESOURCE TO CARRY OUT ESTABLISHED FUNCTION, PROCEDURE; E.G., HOUSING AUTHORITY WOULD NOT SEE CLIENT	3.5	121
COMMUNITY RESOURCE TO PROVIDE A SPECIFIC NEEDED RESOURCE OR PROCEDURE; E.G., DAY CARE FACILITIES UNAVAILABLE	1.7	59
GENERAL COMMUNITY CLIMATE; E.G., NOT CONDUCIVE TO RE-EMPLOYMENT OF 40-YEAR-OLDS	1.2	41
NOT APPLICABLE--CLIENT REPORTED SUCCESSFUL SERVICES	51.5	1777

In one case, client requested help in obtaining a cooking stove. However, there was no outdoor vent in his living quarters for installation of the stove. There were three obstacles to resolving this problem which could not be overcome. First, the landlord was unwilling to install a vent. Second, no public funds were available to pay for the vent as it would have necessitated alteration or improvement of another's property. Finally, the client was unwilling to move to different living quarters.

Client requested social services because he had a swelling in his abdomen and felt he was not getting satisfactory attention from the clinic he was attending. The man speaks only Italian. The social worker was unable to find an Italian-speaking physician in the client's area who would cooperate with the Welfare Medical Program.

An unemployed General Assistance client requested services because of his desire to receive training for employment. Because of the low grant levels, he must share living quarters with relatives. There is

no transportation available to him and a social worker was unable to get special funds to teach him to drive a car.

Another client needs a refrigerator. There is no money available for this need in her basic aid grant and a social worker is unable to get special funds or to find a suitable donated refrigerator.

Frequently, a client's emotional reaction to the problems frustrates a solution. An emotionally disturbed arthritic lady needs a housekeeper. She is insecure, demanding and unable to accept the limitations in the amount and kind of housekeeping help that can be provided and repeatedly fires the housekeeper which we were helping her employ.

An aged lady was having difficulties managing her rental property, where she also lived. Social worker made several suggestions and offered to accompany her while she saw a lawyer regarding her property. The client refused to, seeming to distrust the worker's advice. Several hundred dollars were lost in rental income and in money paid on a trailer space that was not necessary. Finally, the daughter intervened and resolved the problems for her mother.

A 78-year-old woman is in a small home in an outlying area not served by bus transportation and removed from medical and shopping facilities. She had twice recently had to use an ambulance for emergency medical treatment. However, there was no transportation available for more ordinary and nonemergency medical needs. The social worker was able to arrange for volunteer transportation which required a week to ten days advance notice. However, routine shopping and minor needs for medical treatment such as a sore throat, slight loss of vision and minor aches and pains could not be provided for without public transportation being available.

From this it can be seen that the solution to the client's problem usually involves the cooperation of the client, the availability of a service or facility in our Department or the community, cooperation on the part of another individual or organization, and the skill of the social worker in putting this together. In view of this, and of the variety of obstacles and failures found, the 51.5% of clients reporting successful services should be regarded as commendable performance.

APPENDIX

TABULATION OF ALL STUDY VARIABLES

Sample = 404 Cases			
VARIABLE	Sample Cases	Percent of Sample	Actual Number in Dept. Caseload
Aid Type			
OAS	133	32.9	1066
ATD	191	47.3	1790
GA	79	19.6	595
Other (non-aided)	<u>1</u>	.2	
	<u>404</u>		<u>3451</u>
Bureau Number			
H6	76	18.8	1245
D3	74	18.3	539
D5	70	17.3	439
D6	47	11.6	379
D7	46	11.4	201
D9	<u>91</u>	22.5	<u>648</u>
	<u>404</u>		<u>3451</u>
Interviewer			
Doris Redmon	109	27	
Gerald Landes	150	37	
Lona Spencer	111	27.5	
Margaret Harrison	17	4.2	
Dan Altimus	12	3.0	
Robert Lindley	<u>5</u>	1.2	
	<u>404</u>		
Client interview in Spanish?			
Yes	30	7.4	
No	374	92.6	
CASE STATUS SECTION			Projected Number in Dept. Caseload
Service Case Status			
Open-Active (service activity in process)	65.7		2267
Open-Inactive (has had significant previous service activity)	27.9		963
Open-No significant service	6.4		221
Type of Referral			
Voluntary-client had choice-asked, or agreed to it when offered	64.4		2222
Mandatory-Client had no choice-service referral imposed	35.6		1229

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
Time in Service		
1 month through 3 months	35.6	1229
4 months - 6 months	24.5	845
7 months - 9 months	13.9	480
10 months - 12 months	7.9	273
Over 1 year	18.1	625
Has case been in service before (since 1/69)		
Yes, 1 time	25.7	887
Yes, 2 times	12.6	435
Yes, 3 or more times	13.6	469
No	48.0	1656
Time lapse between last service closing and present service opening		
Not in service before	48.0	1656
Less than 2 weeks	3.0	104
2 - 4 weeks	4.2	145
1 - 2 months	8.4	290
3 - 4 months	10.4	359
5 - 6 months	6.9	238
7 - 9 months	5.0	173
10 - 12 months	4.5	155
Over 1 year	9.7	335
Time from referral to first SW contact this time		
(No contact made)	4.7	162
1 day	20.0	690
2 days	2.7	93
3 days	3.0	104
4 - 5 days	3.7	128
6 - 10 days	19.8	683
11 days - 2 weeks	10.4	359
Over 2 weeks	35.6	1229

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
<u>FORM 277 SECTION</u>		
277 indicates problem and activities aimed at solving it?		
Yes, accurately portrays case situation fully (activity and problem)	58.7	2026
Yes, has some relation to case situation (activity and/or problem)	30.9	1066
No	10.4	359
Service Administrative Funds granted this service period?		
Yes	7.7	266
No	92.3	3185
Did Service Fund request fit case plan?	Total %	% with funds granted
Yes, fits service plan closely	6.7	84.4
Yes, fits service case plan somewhat	0.7	9.4
No	0.5	6.3
Funds not granted	92.1	3178

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
<u>CLIENT CHARACTERISTICS</u>		
Ethnic/Race (ask client)		
Anglo	68.8	2374
Mexican/American	19.1	659
Other Latin American	1.7	59
Black	4.5	155
Other	5.9	204
Language		
English-speaking only	69.6	2402
Spanish-speaking only	7.7	266
Bi-Lingual (English-Spanish)	14.1	487
Other non-English only	0.5	17
Other (non-Spanish) Bi-Lingual (heavy accent)	8.2	283
Marital Status		
Single	24.5	845
Married, spouse present	20.0	690
Married, spouse not present, separated	8.7	300
Divorced	19.1	659
Widowed	27.7	956
Sex		
Male	38.4	1325
Female	59.7	2060
Couple	2.0	69
Age		
20 or less	2.5	86
21-30	17.1	590
31-40	10.4	359
41-50	11.4	393
51-60	18.1	625
61-70	16.3	563
71-80	13.9	480
81-90	8.7	300
91 +	1.7	59

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
Educational Level		
0-8th Grade	42.1	1453
8th Grade-11th Grade	22.5	776
High School graduate	18.1	625
0-2 years college	11.4	393
2+ years of college, no degree	2.5	86
College graduate-degree	2.5	86
Graduate (Post Bachelors)	1.0	35
Retarded?		
Yes, marginally-diagnosed officially-or 60+ on IQ measure	7.2	248
Yes, severely-diagnosed officially-or -60 on IQ measure	3.2	110
Suspected-by SW or Analyst	1.7	59
No	87.8	3030
Reduced mental capacity (non-congenital, physically caused by disease, senility, stroke, toxic abuse)		
Yes, documented	8.2	283
Yes, suspected	17.8	614
No	74.0	2554
Physically handicapped?		
Yes, severely	25.0	863
Yes, partially	41.8	1443
No	33.2	1146
Mentally, emotionally disturbed		
Yes, diagnosed, documented	25.5	880
Yes, suspected	16.6	573
No	57.9	1998

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
Where does client live (living situation)		
Alone (house/apt./duplex)	36.4	1256
Alone (hotel or room)	3.2	110
Own family	38.4	1325
Another family or foster home	3.2	110
Mental Hygiene Boarding Home	2.5	86
Boarding Home	9.4	324
Nursing Home	4.0	138
Half Way House	1.5	52
Other	1.5	52
<u>WORKER CHARACTERISTICS</u>		Projected Number of Cases Affected
Age		
30 or less	28.0	966
31-40	20.3	701
41-50	11.4	393
51+	40.3	1391
Sex		
Male	30.7	1059
Female	69.3	2392
Spanish-speaking/certified?		
Spanish-speaking, certified	7.9	278
Spanish-speaking, not certified	12.4	428
Non-Spanish-speaking	79.7	2750
Educational Level		
B.A.	75.2	2595
Masters (Not in S.W.)	8.7	300
M.S.W.	14.1	487
Other (nonB.A. included)	2.0	69
Number years experience in social work		
Less than 2	4.7	162
2-4	10.9	376
5-9	45.8	1581
10+	38.6	1332

VARIABLE	Percent of Sample
CASELOAD CHARACTERISTICS	
How many cases is worker carrying?	
Less than 20	1.0
20-29	5.7
30-39	11.4
40-49	20.5
50-59	29.0
60-69	18.1
More than 70	14.4
Who is receiving the SW services?	
Client of record	77.0
Immediate family	21.5
Extended family	0.7
Nursing Home personnel	0.2
Boarding Home personnel	0.5
How many people is worker working with in this case? (Median = 3.5)	
N/A (no service given)	3.0
1 person	16.8
2 "	24.5
3 "	19.8
4 "	12.4
5 "	6.9
6 "	5.9
7 "	3.2
8 "	3.0
More than 8	4.5

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
Is there anything which makes it difficult for client to comprehend services?		
No	62.4	2153
Yes, language barrier	1.5	52
Yes, mental limitations	15.1	521
Yes, emotional disturbance	13.4	462
Yes, low level of sophistication (relative to dealing with DSS)	7.7	266
Is the service worker spending time on eligibility?		
Yes	69.3	2392
No	30.7	1059
If so, is service worker obtaining information for the EW?		
N/A	31.7	1094
Yes	36.6	1263
No	31.7	1094
If so, is service worker functioning as client advocate with EW?		
N/A	31.7	1094
Yes	14.9	514
No	53.5	1846
If so, is service worker explaining eligibility to the client?		
N/A	31.7	1094
Yes	44.1	1522
No	24.2	835
Is eligibility the main focus of service?		
Yes, only service need	10.4	359
Yes, primary service need	19.3	666
No	70.3	2426

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
Did worker perceive difficulty in referral process?		
Yes	10.4	359
No	89.6	3092
How long was the service "episode"? (total service period less total time of quiescence)		
No contacts	2.7	93
Less than 1 month	12.9	445
1 month or more & less than 4 months	42.6	1470
4 months or more & less than 7 months	16.1	556
7 months or more & less than 10 months	8.2	283
10 months or more & less than 13 months	6.4	221
13 months or more & less than 18 months	4.2	145
18 months or more & less than 24 months	3.2	110
More than 24 months	3.7	128
How many contacts occurred within the "episode"?		
No contacts	3.0	104
1 or 2 contacts	8.4	290
3, 4 or 5 contacts	18.3	632
6-10 contacts	23.5	811
11-15 contacts	11.9	411
16-20 contacts	7.4	255
21 or more contacts	27.5	949
Did client perceive a long wait between requesting & receiving services?		
Yes	13.4	462
No	86.6	2989
Did client know identity of present worker?		
Yes	68.1	2350
No	31.9	1101

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
How many SW has this client had from DSS in current period?		
1	71.0	2450
2	11.4	393
3 or more	17.6	607
<u>FINANCIAL SERVICE OBJECTIVES</u>		
Obtaining or maximizing public assistance grant?		
Yes	53.0	1829
No	47.0	1622
Obtaining or maximizing Food Stamps		
Yes	13.6	469
No	86.4	2982
Obtaining or maximizing other DSS funds		
Yes	25.0	863
No	75.0	2588
Obtaining or maximizing non-DSS funds		
Yes	11.4	393
No	88.6	3058
Obtaining or altering responsible relative money		
Yes	3.0	104
No	97.0	3347

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
<u>GENERAL CASEWORK</u>		
Were there any problems that the SW worked on?		
Yes	95.0	3278
No	5.0	173
How many problems were solved?		
All	17.9	618
Most	32.7	1128
Half	26.7	921
Very few	14.1	487
None	8.6	297
Did the worker help in solving the problems?		
Much	61.2	2112
Somewhat	32.8	1132
Not at all	5.9	204
What major technique did SW use?		
Information, advice, teaching	19.9	687
Therapy (incl. encouragement/support)	22.3	770
Direct action (physical action by worker with or on behalf of client)	20.7	714
Intercession (taking action with someone on client's behalf)	29.4	1015
Referral to other agency	1.5	52
Referral to other DSS staff (e.g., Vocational Services, PSA, etc.)	.7	24
Purchase of service from outside agency	2.0	69
Problem not dealt with	3.3	114

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
Casework unsuccessful because of failure on part of:		
Not applicable--client reported successful services	51.5	1777
Client himself, who lacked sufficient capacity; e.g., immobilized by conflict; lacks skill	20.8	718
Social Worker, who acted with insufficient skill, knowledge; e.g., incorrectly diagnosed situation	12.4	428
Social Worker, who did not attempt to meet service need; e.g., social worker ignored request, believing client "crying wolf"	4.5	155
Department of Social Services to provide or carry out function, procedure; e.g., service referral machinery did not work quickly enough; month-end exhaustion of funds	4.5	155
Community resource to carry out established function, procedure e.g., housing authority would not see client	3.5	121
Community resource to provide a specific needed resource or procedure; e.g., day care facilities unavailable	1.7	59
General community climate; e.g., not conducive to re-employment of 40-year-olds	1.2	41

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
Does SW feel his continued involvement in the case will be beneficial to client?		
N/A (case closed)	15.8	545
Yes, optimistic	47.0	1622
No, pessimistic	13.4	462
No expectations	23.8	821
What is SW's emotional reaction in working with this case?		
Enjoyment (rewarding)	56.5	1950
Depression	24.9	859
No reaction (disinterested)	13.5	466
Difficult to work with, but learning experience	5.1	176
Did the reason for referral (or the client's request for services) reflect the real service need for the case?		
Yes	58.9	2033
Partially	22.8	787
No	18.3	632

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
<u>CONTACT CHARACTERISTICS</u>		
Are contacts single, group or family? (client)		
Single	53.0	1829
Group	2.5	86
Family	22.0	759
Single and group	2.7	93
Single and family	7.2	248
Group and family	1.2	41
Single, group and family (all)	2.2	76
No contacts	9.2	317
Are contacts single, group or family? (worker)		
Single	48.0	1656
Group	2.2	76
Family	22.5	776
Single and group	5.4	186
Single and family	8.7	300
Group and family	1.5	52
Single, group and family (all)	5.7	197
No contacts	5.9	204
Where are contacts held? (client)		
Home	65.6	2264
Office	3.0	104
Other	1.2	41
Home and office	10.4	359
Home and other	6.9	238
Office and other	0.5	17
All	2.7	93
No contacts	9.7	335
Where are contacts held? (worker)		
Home	63.1	2178
Office	3.2	110
Other	1.5	52
Home and office	10.9	376
Home and other	8.9	307
Office and other	1.0	35
All	5.2	179
No contacts	6.2	214

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
Are contacts planned or drop-in? (client)		
Planned	65.3	2254
Drop-in	11.4	393
Both	13.4	462
No contacts	9.9	342
Are contacts planned or drop-in? (worker)		
Planned	64.1	2212
Drop-in	11.1	383
Both	18.6	642
No contacts	6.2	214
Are contacts regular or irregular? (client)		
Regular	12.9	445
Irregular	75.7	2612
Both	1.5	52
No contacts	9.9	342
Are contacts regular or irregular? (worker)		
Regular	16.1	556
Irregular	73.5	2536
Both	4.2	145
No contacts	6.2	214
Who initiates face-to-face contacts? (client)		
Client	9.7	335
Worker	51.5	1777
Mutual - Both	29.0	1001
No contacts	9.9	342
Who initiates face-to-face contacts? (worker)		
Client	5.9	204
Worker	50.5	1743
Mutual - Both	37.4	1291
No contacts	6.2	214

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
Are face-to-face contacts held often enough? (client)		
Yes	70.0	2416
No	19.8	683
Can't tell	1.2	41
No contact	8.9	307
Are face-to-face contacts held often enough? (worker)		
Yes	71.8	2478
No	22.0	759
Can't tell	1.0	35
No contacts	5.2	179
Who initiates telephone contacts? (client)		
Client	15.8	545
Worker	14.1	487
Both	41.6	1436
No contact	28.5	984
Who initiates telephone contacts? (worker)		
Client	17.6	607
Worker	19.6	676
Both	44.6	1539
No contacts	18.3	632
Which contacts are most valuable, telephone or face-to-face? (client)		
Telephone	4.0	138
Face-to-face	67.3	2323
Equal	21.3	735
No contact	7.4	255
Which contacts are most valuable, telephone or face-to-face? (worker)		
Telephone	5.4	186
Face-to-face	76.5	2640
Equal	14.9	514
No contact	3.2	110

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
GENERAL ATTITUDES		
Does client feel free to discuss problems? (client)		
Much - completely	71.0	2450
Some - partially	14.9	514
No	14.1	487
Does client feel free to discuss problems? (worker)		
Much - completely	69.2	2388
Some - partially	19.0	656
No	11.7	404
How does client view EW? (client)		
Positive	47.0	1622
Neutral	17.3	597
Negative	12.9	445
No contact	22.8	787
How does client view EW? (worker)		
Positive	21.0	735
Neutral	11.6	406
Negative	10.6	371
Unable to respond	56.7	1985
Is "contract" in writing? (client)		
Yes	5.0	173
No	95.0	3278
Is "contract" in writing? (worker)		
Yes	12.4	428
No	87.6	3023

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
What achievable goals exist? (client opinion)		
Increased psychological & emotional strength and functioning of <u>child</u> , e.g., who entered therapy, received diagnostic workup	0.2	7
Increased psychological & emotional strength and functioning of <u>adult</u> , e.g., who received "emotional support", or improved in day-to-day routine functioning	10.4	359
More adequate material & physical condition, e.g., gained new housing, better money management, secured medical care, or a new graduation dress	35.9	1239
Better intrafamilial relations, e.g., less marital conflict, improved parenting	0.5	17
Better interpersonal relations with nonfamily members, e.g., less friction with neighbors, better socialization skills	0	--
Meeting community standards of family & individual functioning, e.g., using suitable child care, learning English, finishing high school, care of self and household	7.7	266
Meeting community standards of economic self-support by either securing employment or training toward a particular field of employment	11.1	383
None seen	33.7	1163
Only negative outcomes seen	0.5	17

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
What achievable goals exist? (worker opinion)		
Increased psychological & emotional strength and functioning of child, e.g., who entered therapy, received diagnostic workup	0	--
Increased psychological & emotional strength and functioning of adult, e.g., who received "emotional support", or improved in day-to-day routine functioning	16.8	580
More adequate material & physical condition, e.g., gained new housing, better money management, secured medical care, or new graduation dress	28.2	973
Better interfamilial relations, e.g., less marital conflict, improved parenting	1.0	35
Better interpersonal relations with nonfamily members, e.g., less friction with neighbors, better socialization skills	0	--
Meeting community standards of family & individual functioning, e.g., using suitable child care, learning English, finishing high school	9.7	335
Meeting community standards of economic self-support by either securing employment or training toward a particular field of employment	5.7	197
None seen	37.6	1298
Only negative outcomes seen	1.0	35

VARIABLE	Percent of Sample	Projected Number in Dept. Caseload
Why does this client need public assistance? (worker opinion)		
For deterministic reasons, e.g., client's "barren beginnings", ethnic group status	9.4	324
Basically result of situational or catastrophic event affecting family or family member, e.g., need for extensive medical care	61.6	2126
Basic lack of employment prerequisites of either education or training for available jobs	1.5	52
Client psychological, emotional problems, e.g., too conflict-ridden	25.5	880
Client extrafamilial relationship difficulties, e.g., breach peace arrest, landlord disputes	0	--
Difficulty dealing with economic realm, e.g., poor use credit, poor money management	0.5	17
Client basic lack of motivation, e.g., resists service referrals, misses work too frequently to hold job	0	--
Unclassifiable	1.5	52

	% IN SAMPLE	# OF CASES PROJECTED TO SERVICE CASELOAD*
PROBLEM AREA-- INSUFFICIENT INCOME	53.7	1853
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	92.6	1716
YES, NO SERVICE GOAL ESTABLISHED	2.8	52
NO, SW AWARE, DID NOT WORK ON IT	3.2	59
NO, SW NOT AWARE OF PROBLEM	1.4	26
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	74.2	1375
YES, NOTHING HELPFUL DONE	6.9	128
NO, SW DID NOT WORK ON IT	4.1	76
NO, SW DID WORK ON PROBLEM	14.7	272
SERVICE GOAL OBTAINED		
YES	65.9	1221
PARTIALLY	20.7	384
NO	13.4	248
PROBLEM AREA - MAINTAINING MENTAL HEALTH	% IN SAMPLE	
	49.8	1719
CASEWORK COUNSELING	32.2	
REFERRAL TO OTHER SERVICE OR CLINIC	8.7	
GET SUPPLIES	0.2	
COMBINATION OF ABOVE	8.7	
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	57.2	982
YES, NO SERVICE GOAL ESTABLISHED	20.9	359
NO, SW AWARE, DID NOT WORK ON IT	12.9	222
NO, SW NOT AWARE OF PROBLEM	9.0	155
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	51.2	880
YES, NOTHING HELPFUL DONE	3.5	60
NO, SW DID NOT WORK ON IT	21.4	368
NO, SW DID WORK ON PROBLEM	23.9	411
SERVICE GOAL OBTAINED? (ANALYST VIEW)		
YES	26.9	462
PARTIALLY	46.3	796
NO	26.9	462

* CASELOAD NUMBERS WILL VARY SLIGHTLY WITHIN EACH SECTION BECAUSE OF ROUNDING

	% IN SAMPLE	# OF CASES PROJECTED TO SERVICE CASELOAD*
PROBLEM AREA - MAINTAINING PHYSICAL HEALTH	48.5	1674
GET APPROPRIATE CARE	18.6	
ADHERENCE TO REGIMENT (DIET, MEDICATION, ETC.)	13.1	
GET SUPPLIES OR EQUIPMENT	3.0	
COMBINATION OF ADVICE	13.1	
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	77.6	1299
YES, NO SERVICE GOAL ESTABLISHED	8.7	146
No, SW AWARE, DID NOT WORK ON IT	4.1	69
No, SW NOT AWARE OF PROBLEM	9.7	162
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	65.3	1093
YES, NOTHING HELPFUL DONE	7.1	119
No, SW DID NOT WORK ON IT	7.7	129
No, SW DID WORK ON PROBLEM	19.9	333
SERVICE GOAL OBTAINED? (ANALYST VIEW)		
YES	59.7	999
PARTIALLY	21.4	358
No	18.9	316
PROBLEM AREA - NEED FOR PROTECTION	% IN SAMPLE	
	43.1	1487
GET ATTENDANT CARE IN HOME	31.2	
OBTAIN OUT OF HOME CARE	6.4	
INSTITUTIONALIZATION	3.0	
LEGAL ASSISTANCE	2.5	
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	90.8	1350
YES, NO SERVICE GOAL ESTABLISHED	4.6	68
No, SW AWARE, DID NOT WORK ON IT	2.9	43
No, SW NOT AWARE OF PROBLEM	1.7	25
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	79.3	1179
YES, NOTHING HELPFUL DONE	4.6	68
No, SW DID NOT WORK ON IT	3.4	51
No, SW DID WORK ON PROBLEM	12.6	187
SERVICE GOAL OBTAINED? (ANALYST VIEW)		
YES	82.1	1221
PARTIALLY	8.7	129
No	9.2	137

* CASELOAD NUMBERS WILL VARY SLIGHTLY WITHIN EACH SECTION BECAUSE OF ROUNDING

	% IN SAMPLE	# OF CASES PROJECTED TO SERVICE CASELOAD*
PROBLEM AREA - PERSONAL FUNCTIONING	41.3	1425
IMPROVED CARE OF SELF	19.1	
" CARE OF HOUSEHOLD	9.4	
" CARE OF DEPENDENTS	0.7	
COMBINATION OF ABOVE	12.1	
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	59.9	854
YES, NO SERVICE GOAL ESTABLISHED	22.8	325
NO, SW AWARE, DID NOT WORK ON IT	13.2	188
NO, SW NOT AWARE OF PROBLEM	4.2	60
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	62.0	884
YES, NOTHING HELPFUL DONE	6.6	94
NO, SW DID NOT WORK ON IT	15.7	224
NO. SW DID WORK ON PROBLEM	15.7	224
SERVICE GOAL OBTAINED? (ANALYSTS VIEW)		
YES	46.1	657
PARTIALLY	29.9	426
NO	24.0	342
PROBLEM AREA - INTERPERSONAL RELATIONSHIPS	28.0	966
DEALING WITH CONFLICT	16.3	
BETTER SOCIAL EFFECTIVENESS	11.6	
WAS THE PROBLEM WORKED ON? (ANALYSTS OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	51.3	496
YES, NO SERVICE GOAL ESTABLISHED	22.1	213
NO, SW AWARE, DID NOT WORK ON IT	18.6	180
NO, SW NOT AWARE OF PROBLEM	8.0	77
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	42.9	414
YES, NOTHING HELPFUL DONE	7.1	69
NO, SW DID NOT WORK ON IT	23.2	224
NO, SW DID WORK ON PROBLEM	26.8	259
SERVICE GOAL OBTAINED? (ANALYSTS VIEW)		
YES	17.9	173
PARTIALLY	47.3	457
NO	34.8	336

* CASELOAD NUMBERS WILL VARY SLIGHTLY WITHIN EACH SECTION BECAUSE OF ROUNDING.

	% IN SAMPLE	# OF CASES PROJECTED TO SERVICE CASELOAD*
PROBLEM AREA - INSTITUTIONAL REALTIONSIPS	27.5	949
BETTER SOCIAL EFFECTIVENESS	18.1	
REDUCING ISOLATION	3.0	
DEALING WITH CONFLICT	2.2	
COMBINATION OF ABOVE	4.2	
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	47.4	453
YES, NO SERVICE GOAL ESTABLISHED	30.6	290
No, SW AWARE, DID NOT WORK ON IT	13.5	128
No, SW NOT AWARE OF PROBLEM	8.1	77
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	43.2	410
YES, NOTHING HELPFUL DONE	7.2	68
No, SW DID NOT WORK ON IT	17.1	162
No, SW DID WORK ON PROBLEM	32.4	307
SERVICE GOAL OBTAINED? (ANALYST VIEW)		
YES	24.3	231
PARTIALLY	41.4	393
No	34.2	325
PROBLEM AREA - TRANSPORTATION	% IN SAMPLE	
	25.5	880
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	63.5	559
YES, NO SERVICE GOAL ESTABLISHED	18.3	161
No, SW AWARE, DID NOT WORK ON IT	3.8	33
No, SW NOT AWARE OF PROBLEM	14.4	127
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	57.7	508
YES, NOTHING HELPFUL DONE	11.5	101
No, SW DID NOT WORK ON IT	9.6	84
No, SW DID WORK ON PROBLEM	21.2	187
SERVICE GOAL OBTAINED? (ANALYST VIEW)		
YES	55.3	487
PARTIALLY	16.5	145
No	28.2	248

* CASELOAD NUMBERS WILL VARY SLIGHTLY WITHIN EACH SECTION BECAUSE OF ROUNDING

	% IN SAMPLE	# OF CASES PROJECTED TO SERVICE CASELOAD*
<u>PROBLEM AREA - OBTAINING MATERIAL NEEDS</u>	21.8	752
GET HOUSEHOLD EQUIPMENT	10.6	
GET EMERGENCY FOOD	5.4	
GET CLOTHING	1.2	
COMBINATION OF ABOVE	4.5	
<u>WAS THE PROBLEM WORKED ON? (ANALYST OPINION)</u>	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	62.5	470
YES, NO SERVICE GOAL ESTABLISHED	19.3	145
No, SW AWARE, DID NOT WORK ON IT	6.8	51
No, SW NOT AWARE OF PROBLEM	11.4	86
<u>DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?</u>		
YES, SOMETHING HELPFUL DONE	65.9	496
YES, NOTHING HELPFUL DONE	11.4	86
No, SW DID NOT WORK ON IT	13.6	102
No, SW DID WORK ON PROBLEM	9.1	68
<u>SERVICE GOAL OBTAINED? (ANALYST VIEW)</u>		
YES	47.7	359
PARTIALLY	27.9	210
No	24.4	183
<u>PROBLEM AREA - SHELTER NEEDS</u>	% IN SAMPLE	
	20.0	690
<u>WAS THE PROBLEM WORKED ON? (ANALYST OPINION)</u>	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	72.8	502
YES, NO SERVICE GOAL ESTABLISHED	11.1	77
No, SW AWARE, DID NOT WORK ON IT	7.4	51
No, SW NOT AWARE OF PROBLEM	8.6	59
<u>DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?</u>		
YES, SOMETHING HELPFUL DONE	55.6	384
YES, NOTHING HELPFUL DONE	18.5	128
No, SW DID NOT WORK ON IT	9.9	68
No, SW DID WORK ON PROBLEM	16.0	110
<u>SERVICE GOAL OBTAINED? (ANALYST VIEW)</u>		
YES	56.3	388
PARTIALLY	8.7	60
No	35.0	242

* CASELOAD NUMBERS WILL VARY SLIGHTLY WITHIN EACH SECTION BECAUSE OF ROUNDING.

	% IN SAMPLE	# OF CASES PROJECTED TO SERVICE CASELOAD*
PROBLEM AREA - VOCATIONAL TRAINING	15.1	521
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	50.8	265
YES, NO SERVICE GOAL ESTABLISHED	18.0	94
No, SW AWARE, DID NOT WORK ON IT	18.0	94
No, SW NOT AWARE OF PROBLEM	13.1	68
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	44.3	231
YES, NOTHING HELPFUL DONE	16.4	85
No, SW DID NOT WORK ON IT	14.8	77
No, SW DID WORK ON PROBLEM	24.6	128
SERVICE GOAL OBTAINED? (ANALYST VIEW)		
YES	18.3	95
PARTIALLY	26.7	139
No	55.0	287
PROBLEM AREA - FINDING EMPLOYMENT	13.1	452
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	47.2	213
YES, NO SERVICE GOAL ESTABLISHED	20.8	94
No, SW AWARE, DID NOT WORK ON IT	24.5	111
No, SW NOT AWARE OF PROBLEM	7.5	34
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	41.5	188
YES, NOTHING HELPFUL DONE	17.0	77
No, SW DID NOT WORK ON IT	20.8	94
No, SW DID WORK ON PROBLEM	20.8	94
SERVICE GOAL OBTAINED? (ANALYST VIEW)		
YES	19.2	87
PARTIALLY	9.6	43
No	71.2	322

* CASELOAD NUMBERS WILL VARY SLIGHTLY WITHIN EACH SECTION BECAUSE OF ROUNDING

	% IN SAMPLE	# OF CASES PROJECTED TO SERVICE CASELOAD*
PROBLEM AREA - MANAGEMENT OF MONEY	10.1	349
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI-NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	78.0	272
YES, NO SERVICE GOAL ESTABLISHED	12.2	43
No, SW AWARE, DID NOT WORK ON IT	7.3	25
No, SW NOT AWARE OF PROBLEM	2.4	8
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	65.9	230
YES, NOTHING HELPFUL DONE	2.4	8
No, SW DID NOT WORK ON IT	14.6	51
No, SW DID WORK ON PROBLEM	17.1	60
SERVICE GOAL OBTAINED? (ANALYST VIEW)		
YES	50.0	175
PARTIALLY	37.5	131
No	12.5	44
PROBLEM AREA - VOCATIONAL MOTIVATION	% IN SAMPLE	
	6.9	238
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI-NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	48.3	115
YES, NO SERVICE GOAL ESTABLISHED	27.6	66
No, SW AWARE, DID NOT WORK ON IT	13.8	33
No, SW NOT AWARE OF PROBLEM	10.3	25
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	39.3	94
YES, NOTHING HELPFUL DONE	14.3	34
No, SW DID NOT WORK ON IT	17.9	43
No, SW DID WORK ON PROBLEM	28.6	68
SERVICE GOAL OBTAINED? (ANALYST VIEW)		
YES	13.8	33
PARTIALLY	20.7	49
No	65.5	156

* CASELOAD NUMBERS WILL VARY SLIGHTLY WITHIN EACH SECTION BECAUSE OF ROUNDING.

	% IN SAMPLE	# OF CASES PROJECTED TO SERVICE CASELOAD*
PROBLEM AREA - RETAINING AN EXISTING JOB	1.5	52
WAS THE PROBLEM WORKED ON? (ANALYST OPINION)	% OF PERTI- NENT CASES	
YES, A RECOGNIZED SERVICE GOAL ESTABLISHED	33.3	17
YES, NO SERVICE GOAL ESTABLISHED	33.3	17
No, SW AWARE, DID NOT WORK ON IT	33.3	17
No, SW NOT AWARE OF PROBLEM	0	--
DID CLIENT PERCEIVE PROBLEM AS BEING WORKED ON?		
YES, SOMETHING HELPFUL DONE	00	--
YES, NOTHING HELPFUL DONE	16.7	9
No, SW DID NOT WORK ON IT	33.3	17
No, SW DID WORK ON PROBLEM	50.0	26
SERVICE GOAL OBTAINED? (ANALYST VIEW)		
YES	0	--
PARTIALLY	33.3	17
No	66.7	35

* CASELOAD NUMBERS WILL VARY SLIGHTLY WITHIN EACH SECTION BECAUSE OF ROUNDING.

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